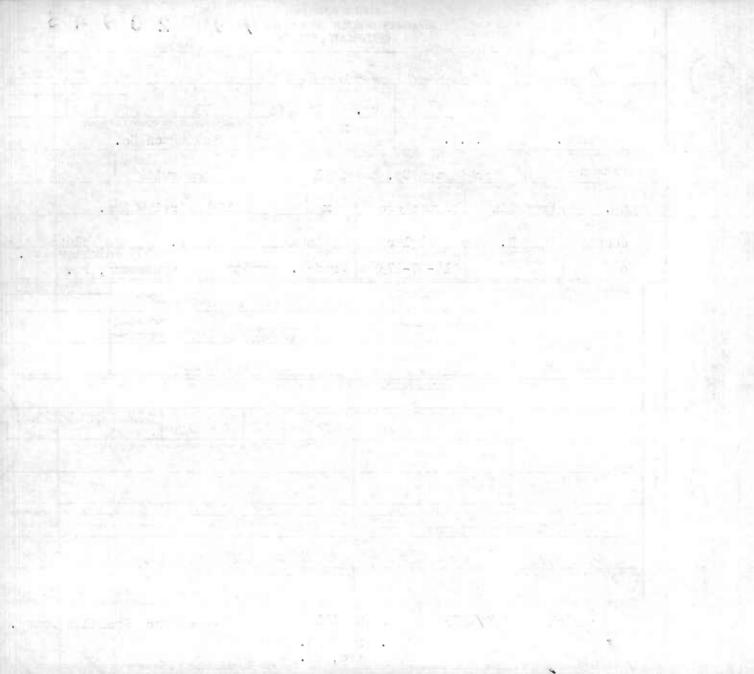
| X | 70 | 1 - | FOR STATE | | | DE | PARTMENT OF | TE OF MARYLANI HEALTH AND ME FICATE OF DEA | NTAL HYGIE | NEJ 9 | 2 0 | 9 | 4 4 |
|--|-------------|---------------|---|----------------------|-------------------------|-------------------------------|------------------------------------|--|-------------------|---|-----------------------------------|------------------------|-----------------------------------|
| * 24 | | | REGISTRAR CEASED NAME OR PRINT) | FIRST 1BC | 20 | MIDDLE | Ar | LAST | | REG. N Re. DATE OF DEATH | | AY YEAR | 26 HOUR |
| 100 |) | 3. SE | 10 | V / | RACE White | | S. DATE | OF BIRTH | *16 ° | . AGE (IN YEARS LAST BII | RTHDAY) | IF UNDER TYPER | IF UNDER 24 HRS HOURS MIN |
| deoth. Pog | ouo/K | | RTHPLACE (STATE OR FO | REIGN 7 | 'b CITIZEN OF | | MARR | ED NEVER MAI | RRIED - | BALTIMORE CITY | | | |
| offer of the forwithed with | National of | | Pa. TY OR TOWN OF DEA | TH 1 | (IF NOT IN SU | HOSPITAL, N | E STREET ADDRESS) | OR OTHER INSTITU | RCED | Washing 20 USUAL OCCUPA (TYPE OF WORK FOR MOST | TON of working life | 12b KIND C INDUSTRY | MD. OF BUSINESS OR |
| MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill | onst pe | USU/ 13a S | | NG FOME OR COUNT | OTHER INSTITUTION TY | 136 CITY O | RTOWN | 13d INSIDE CITY | | Electric | | | trical |
| MARYLA! ed within mpletely fi and 2 sho | 125 | _ | Pa. THER'S NAME FIRST | м | DDLE | LA | | 15 MOTHER'S M | AAIDEN NAME | , MIDDLE | Box 653 | LAS | |
| | 3 | | AS DECEASED EVER I | N U.S. ARN | | 16b SOCIA | 15 Sr. L SECURITY NO. 2-5867 | 17_INFORMANT | | ADDR | | 1 | 7222 |
| T., BALTI | vent, the | | 18 CAUSE OF DEATH PART I. DEATH WA | Enter only AS CAUSED | BY: | r line far (a), | b) and (c) | nest/ | CARD | | 22050 | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| PRESTON S | oumotic e | | 515- Conditions, if any, | | DUE TO, O | R AS A CON | SEQUENCE OF | 2 | ssign | RB12 | 105.5 | | |
| W. of the | omer fron | | gave rise to imm couse 101, stating underlying cause | g the | DUE TO, O | R AS A CON | SEQUENCE OF | Juhna | note | | | | |
| 200 sees | ınlary, or | NOI | PART 2 OTHER SIGN | IFICANT CO | ONDITIONS C | ONTRIBUTIN | G TO DEATH B | T NOT RELATED TO | THE TERMIN | AL DISEASE OR CON | IDITION GIVE | N IN PART 10 | 0 |
| AL RECOR | and grand | CERTIFICATION | 196 DATE OF OPERAT | | | | VHICH OPERATH | ON WAS PERFORM | NED | 200 AUTOPSY? | 20b. IF YES, IN CERTIFY YES | WERE FINDING CAUSES | NGS USED OF DEATH? NO |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion. Ifter this certificate has been sig os the buriol-tronsit permit. Then the ond Mental Hygiene pricer to be | G | MEDICAL CE | 21g, ACCIDENT WAS UNOU OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION | AUSE OF DEAT | Ρ. | .M. MONT | H DAY YEAF | | RY OCCURRE | O (ENTER NATURE OF IN)L | JRY IN ITEM 18, PAI | RT 1 OR PART 2) | |
| DIVISION NG PHY offer this os the but thought on the but the | DLKed or | MED | WHILE NOT WHE AT WORK | ILE [7] | | OF INJURY REET, FACTORY, (| OFFICE, FARM, ETC.) | 211 LOCATION STREET | 20 | CITY OR TO | 1221 | COUNTY | STATE |
| ATTEND ospitol o cCTOR. deforuse | E | | 22s, certify that it is a common of the decease obove. | d el e on | () | offer death. | | | 19 prinion de | oth occurred on the d | lote and hour | and from the | |
| 0 9 0 0 9 | | | 22d PHYSICIAN'S NA | No | oos | ter | | PHY | ENDING YSICIAN | MEDICAL STA | | 22c. DATE | SIGNED |
| TO HOSPITAL etcined by the TO FUNERAL should be detailed be detailed by the Manual the Stote the Manual the Manua | MA CK | | W | 00 | Ster | | | 1220 ADDRESS | 1701 | well no | 1 HD | 3. N | (D) - |
| ВР | | (5 | URIAL, CREMATION, R PECIFY) B Urial UNERAL DIRECTOR | REMOVAL | 23b. DATE 8/27/ | 79 | | cemetery or cre n Cemeter | ~V | 23d. LOCATION CITY OF TOWN Chamber S REC'D. BY REGISTRAR | burg F | ounty rankli | n Pa. |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | | ohn O. Park | c | | Chamb | | Pa. 17201 | 0110 | | Lista | y hel | ready |

Designation of the contract of The state of the s The state of the s The same of the company of the same of the

STATE OF MARYLAND



FOR

I. DECEASED NAME

REGISTRAR

Female

TO BIRTHPLACE ISTATE OR FOREIGN

Hagerstown

JSUAL RESIDENCE

Maryland

4 FATHER'S NAME David

Pennsylvania

Lucille

A.

415 E. Wilson Blvd., Hagerstown, Maryland 21740

1 - STATE

(TYPE OR PRINT) Elenor 3 SEX

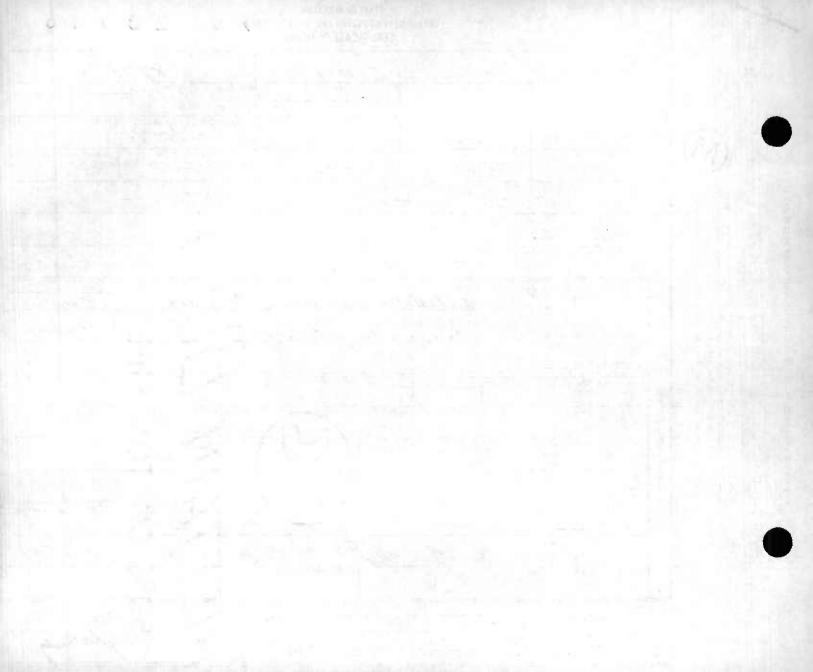
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH 26. HOUR 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS White 15°, 1915 May 64 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED Washington U.S.A. WIDOWED 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Bank Washington County Hospital Washington Hagerstown 13d INSIDE CITY LIMITS? 6 Delwood Avenue 15 MOTHER'S MAIDEN NAME G. MIDDLE Kirk Nellie Gerbig

250 AUGEOPSY 1979 PAR

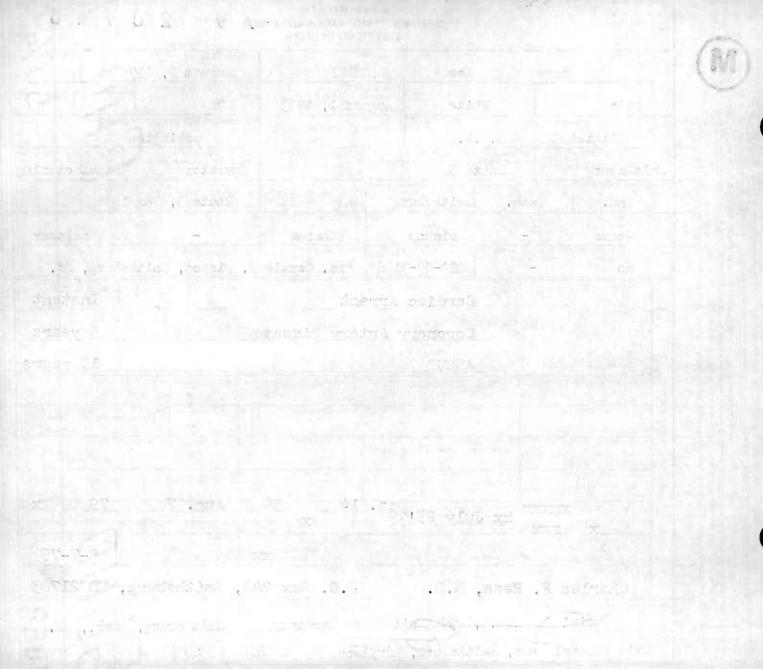
| | WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W. NO | | | H. Barron, | Hagerstown, Ma | - |
|---------------|---|--|--|--|--|---|
| | 18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED E | CAUSE (D) Me/ds/a/ec | Сагсінома | to brain | APPROXIMAT BETWEEN ONSI | |
| N. | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE OF (b) CONCINE OF DUE TO, OR AS A CONSEQUENCE OF | | ast | 44 | ears |
| N N | PART 2. OTHER SIGNIFICANT CO | NDITIONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN IN PART 110 | |
| CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH OPERAT | IN CERTIFYING CAUSES OF | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO | | |
| 1 | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | P.M. | C. C. Salara and S. Salara and S | RED (ENTER NATURE OF INJU | RY IN ITEM 18, PART 1 OR PART 2) | |
| MEDICAL | 71d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF IN JURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR FO | YN COUNTY | STATE |
| | 22a certify that () (this hospital sow the deceased alive on above, () (we tallo (did not)) | 5/3/1979 | and that in (my) (our) apinion | death occurred on the d | 19 25, that ote and hour and from the cou | (I) (we) l as ses stated |
| | 276. SIGNATURE Edicing | 3 Muny the | DEGREE ATTENDING PHYSICIAN (| MEDICAL STA | FF SIAN [] | NED / |
| | 22d. PHYSICIAN'S NAME (TYPE OR PR | RINT) | 22e ADDRESS | | | |
| | CDE CARAD | | F CEMETERY OR CREMATORY Hill Cemetery | 23d LOCATION CITY OR TOWN Hagerstow | n, Washington | , Mä. |

DHMH - 16 50M 1/76 (VR A 15 (4))

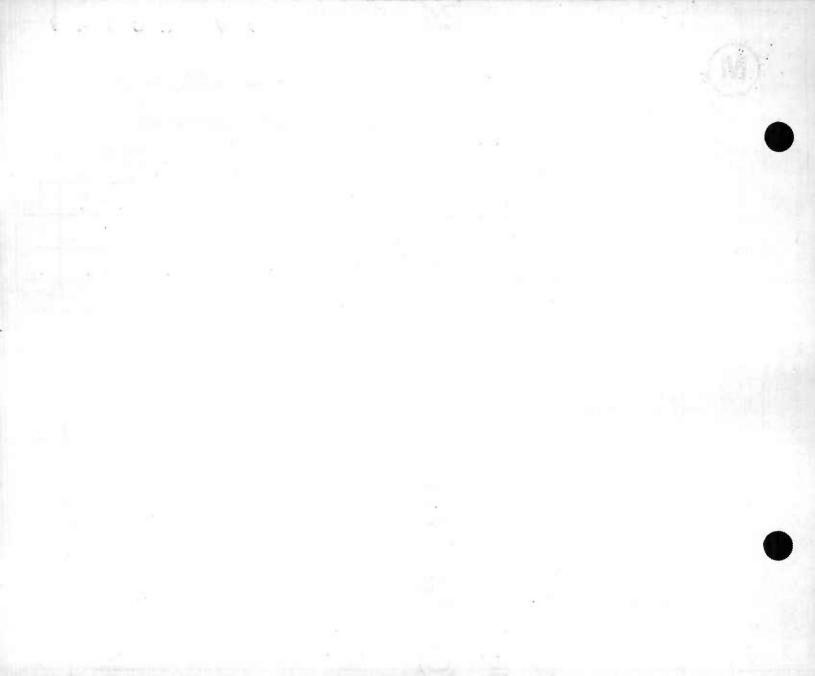
ar Item 18 shows any



de combour l'andiometro county despitel c'orecte de managage de 515 Wildon Ploce A DESCRIPTION OF PROGRESSION ASSESSED. nedrick . cilli. 244 - - - Eli-10-3059 move in items#13e) AND MADITAR WAR WATER HAR GROWN THE TO THE MORE LESS. M. Latender ind in the second co., industrial in



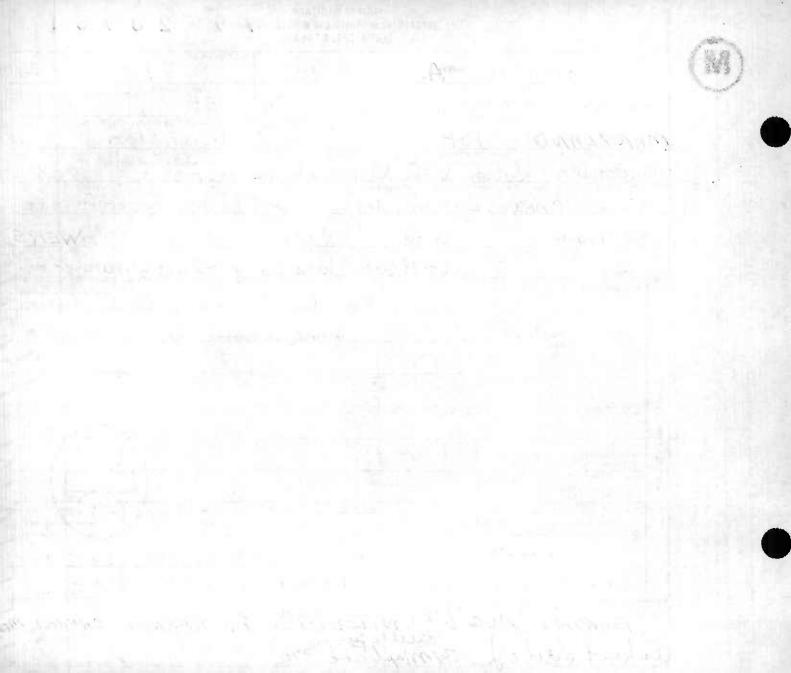
| | 1- | FOR STATE REGISTRAR | DEPAR | TMENT OF HEA | OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH | IENE 9 | 20 | 9 4 9 |
|-----|-----------------------|--|--|---|---|--|--|---|
| | | CEASED NAME FIRST | WIDDLE | LAS | | 2ª DATE OF DEATH | | 10.110011 |
| | | Martha | E. | Boh | le | Aug | gust 2 | 5, 1970 |
| | 3. SE | (| 4 RACE | 5. DATE OF | | 6. AGE (IN YEARS LAST BIRT | | UNDER I YEAR IF UNDER 24 H |
| | | female | white | Janua | ry 8 1893 | 86 | YRS | |
| 35 | C | RTHPLACE (STATE OR FOREIGN DUNTRY) Tyland | U.S.A. | MARRIED WIDOWED | □ NEVER MARRIED □ DIVORCED □ | Washingtor | | OF DEATH |
| 90 | | agerstown | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET HOMEWOOD Retire | ET ADDRESS] | other institution enter | 120 USUAL OCCUPATION OF OF WORK FOR MOST OF Shirt Make | F WORKING LIFE) | 126 KIND OF BUSINESS INDUSTRY Clothing |
| 35 | 13e. S | TATE 1136 COUR | ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO Lington Hagerst | WN 11 | 34 INSIDE CITY LIMITS? YES 🖾 NO 🗌 | 13a STREET ADDRESS 2750 Virgi | nia Av | e. Hag.,MD 2 |
| 911 | | ither's NAME prad nrad | MIDDLE LAST Bohle | 1 | MOTHER'S MAIDEN NAME FIRST | ME | , | Wiegand |
| 1 | 16a V | | RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 212-07- | | 7 INFORMANT Frederick Sb | ADDRE heeler 510 | | |
| | NO | Conditions, if ony, which gove rise to immediate couse 101, storing the underlying cause lost | DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO | DEATH BUT N | OT RELATED TO THE TERM | INAL DISEASE OR CON | | |
| 2 | FICATI | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | HOPERATION | WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY I | WERE FINDINGS USED NG CAUSES OF DEATH? |
| 29 | HCAL CERTIFICATION | 218. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DELIF EITHER, NOTIFY MEDICAL EXAMINER | 216 TIME OF INJURY HOUR A.M. MONTH I | DAY YEAR | 21c. HOW INJURY OCCURR | YES NO L | IN CERTIFY II | NG CAUSES OF DEATH? |
| 29 | MEDICAL CERTIFICATION | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | 216 TIME OF INJURY HOUR A.M. MONTH I | DAY YEAR 19 | 716. HOW INJURY OCCURR 711 LOCATION STREET | YES NO L | IN CERTIFY II YES RY IN ITEM 18, PART | NG CAUSES OF DEATH? |
| 29 | _ | 218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIF EITHER, NOTIFY MEDICAL EXAMINER CONTRIBUTION CONT | 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | DAY YEAR 19 E, FARM, ETC. | 21c. HOW INJURY OCCURR 211 LOCATION STREET 110 19 78 1110t in (297) (our) Opinion of | YES NOR PED (ENTER NATURE OF INJUI | IN CERTIFY II YES RY IN ITEM 18, PARI VN 2, 19 ote and hour a | NG CAUSES OF DEATH? NO 1 1 ORPART 2) COUNTY STATE |
| 29 | _ | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- JIF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT HOT (I) (this hosp sow the deceased olive on obove, (I we) (did) (did) 27b. SIGNATURE | 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE ital) ottended the deceased from 21 yiew the body offer death. | DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19 | 21c. HOW INJURY OCCURR 211 LOCATION STREET 110 19 78 1110t in (297) (our) Opinion of | YES NOR CITY OR TOVE CITY OR TOVE depth occurred on the displacement of the displace | IN CERTIFY II YES RY IN ITEM 18, PARI VN 2, 19 ote and hour a | NG CAUSES OF DEATH? NO 11 ORPART 2) COUNTY STATE That (II (we) and from the couses stated 22c. DATE SIGNED |
| 29 | WEDICAL | 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIN EITHER, NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED WHILE AT WORK NOT WHILE SOW THE CAUSE OF DELIN EITHER AT WORK 270.1 certify that (I) (this hasp sow the deceased alive an above, [Miwel (did) (did accepted to the composition of the com | 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (Ital) ottended the deceosed from Aug. 24 19 21) view the body offer death. 22 OR PRINT! 23b. DATE 23c | DAY YEAR 19 19 19 19 19 19 19 19 19 19 19 19 19 | 21c. HOW INJURY OCCURR 211 LOCATION STREET 1HOT IN (MY) (OUT) OPINION OF GREE ATTENDING PHYSICIAN 22c ADDRESS | YES NOR CITY OR TOVE CITY OR TOVE depth occurred on the displacement of the displace | IN CERTIFYII YES RY IN ITEM 18, PART VN 2 19 pote and hour o | NG CAUSES OF DEATH? NO 11 ORPART 2) COUNTY STATE That (II (we) and from the couses stated 22c. DATE SIGNED |



| 8 | - | FOR STATE | 8a-22a Fj | ilm G | • 0 | EPART | MENT OF | HEALTI | M GNA | ENTAL | | 4 | 2 | 0 | 9 | 5 0 | |
|--|---------------|---|--|------------|--------------------------------|--------------|-----------------|-------------|--|-----------------|-------------|--------------------|-------------------------|-----------------------|----------------|-----------------------------------|------------------|
| (M) | | REGISTRAR CEASED NAMI E ORPRINTI | e First | гу | L. | MIDDLE | Bowar | | LAST | CATEC | JF DEA | 20. DATE | KNOWN ESTI- MATED | MOI | nth DA | y YEAR 19 ⁷⁹ | 76. HOUR 2å00 |
| BY, PLE DIRECTO DUR FILE 77 HOUR DN STREE | 3. SEX | EX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH | | | | | | | | - | | 24 HOUR 1:00 | | | | | |
| NECESS FOR WEREST | Ha | RTHPLACE (S REIGH COUNTRY) BOETST | own, Ma | ryla | | US | A | WIDOV | VED NE | DIVORC | ED 🗆 | | hing | Y <u>or</u> co ton | | FDEATH | MD. |
| DELAY IS TO THE N. P. G. G. E. P. G. C. S. 3.301. | Ha | TY OR TOWN | | doa | I W SUCH FAC | Shirty GIVES | RSING HOA | Co. | HOS! | | FOR / | SON | | (TYPE OF WO | (| KIND OF BU OR INDUSTI Onstr | S.A. |
| - 5.6.8.3. | 130. S M & | TATE TYLAN | d Wash | TY | | 13c. CITY | OR TOWN | Prince of | YES 🔀 | NO [| 12 | 5 N. | | spe | ct S | it. | |
| RE, MI | | Harve | y L. | MED FORC | ward | | IAST | TY NO. | 17 INFOR | Grac MANT | | ^ | AIDDLE | Nic | holi | LAST | D= |
| THE TANK OF THE PORCES THE STATE OF THE TANK OF THE TA | | | | | | | | L. | 7055SPt. Salem Road Barr Hagerstown, Md. | | | | | | | | |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU RITING THE WORD "PENDING" IN PENCIL IN ITEM 18 ROED TO THE CHEF MEDICAL EXAMINER ALONG VER 3 SHOULD BE USED AS A BURBALTRANSIT PERMIT. E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IT PRIOR TO BURBAL, CREMATION, OR REMOVAL. | 7 | Candition gave ris cause (a) lying cau | ATH WAS CAUSEI IMMEDIA ans, if any, which se to immediate stating the under- see last. GNIFICANT CONDITIONS | DU | (b) | AS A CON | iosclessequence | OF | | | | | | | BE | etween onsei | AND DEATH |
| DF VITAL RECOR | CERTIFICATION | | one | | | | WHICH OPE | ration w | /AS PERFOR | RMED? | | | | | 20. | AUTOPSY? | NO [] |
| CERTIFICATE & CE | MEDICAL CER | UNDERLYING | NG CAUSE OF I | DEATH | D. TIME OF OUR A.M. P.M. | MONTH | DAY YEA | R | OW INJURY NOTICE TO THE PROPERTY OF THE PROPE | one | ED LENTER ! | NATURE OF IN | JURY IN ITEA | A 18 PART 1 | OR PART 2) | | |
| DIVISIC BIVE CERTY E. WRITING FRAGE 3 SH FRAGE 3 STATE DEPA STATE DEPA | ME | WHILE AT WORK | NOT WHILE C |] ' | STREET, FACTO | ORY, FARM, E | TC.] | | STREET | | F | CITY OR TO | | | COUNTY | | STATE |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTIMORE, MARYLAND, 2 | | death resulte ACTUAL SIGNATURE | France France | cal causes | x. | Accident | D, s | Autopuicide | Hamin TITLE (S | Inspection cide | Un det | Inquiry ermined mi | anner _ | D, Sk | | ngust | 10, 1979 |
| 0 2 4 2 4 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | 24. F | Buria. | | 8-10- | 05.N | - Po | lest toma | Have | n Cem | | y Ha | CATION OR TOWN | stow PRJ 25b. RE | n egistraj | COUNTY Vary | land | ATE |

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| (II sanga) Arat .N. First Pr., Hr. Jaria . | |

| 7 | 1. | FOR STATE REGISTRAR | DEPAR | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | ipne 9 2 | 0 9 5 1 |
|--|---------------|---|---|--|---|--|
| (M) | (TYPE | CEASED NAME FIRST CAtheri | | Boyd | 20 DATE OF DEATH MON | 13/79 8 30 pm |
| Page 4 director. | 3. SE | temale c | RACE QUECASIAN CITIZEN OF WHAT COUNTRY | 5 DATE OF BIRTH MONTH DAY YEAR 2 8 | 6 AGE (IN YEARS LAST BIRTHDAY 55 9 BALTIMORE CITY OR CO | MONTHS DAYS HOURS MIN |
| e funeral uthin 72 h | m | ARYLAND ITY OR TOWN OF DEATH | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION | Washing | Tizb. KIND OF BUSINESS OR |
| hours affer hours affer he he filed w | H(| ALVESIDENCE (IF NURSING NOME OR OT STATE | HER INSTITUTION GIVE RESIDENCE BEFO | | 13e. STREET ADDRESS | RKING LIFE) INDUSTRY NO N = |
| within 24 I | 3 | aryland CAR | POLL Westm | Inster YES NO DE | 30 Manch | pester Hvenue |
| orecuted by complete and comple | 16a V | VAS DECEASED EVER IN U.S. ARME VES, NO ODUNKNOWN) (IF YES, GIVE W. | | URITY NO. 17 INFORMANT 16073 Clara Ea | May ADDRESS | St. Hanover Pa. |
| T., BALTIM Tificate be physician napapers. P moval. | | 18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED B | BY: | | ennonia. | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| death cer attending nove carbo stran, or re raumatic e | | 7580 Conditions, if any, which | DUE TO, OR AS A CONSEQUE | JENCE OF Down Sono | liom | Since South |
| s that the ed by the ed by the rial, creminal, are or ather t | | couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEOL | | | |
| ECORDS, 3 ow require been sign mit Then p prior to bu ony injury. | CATION | 190 DATE OF OPERATION | | DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED | 20g AUTOPSY? 20b | o. IF YES, WERE FINDINGS USED |
| VITAL RI N: The Id nysicion. Icote has roasit per Hygiene Hygiene | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 21b. TIME OF INJURY HOUR A.M. MONTH | DAY YEAR 21c HOW INJURY OCCUR | YES NO NO RED (ENTER NATURE OF INJURY IN I | CERTIFYING CAUSES OF DEATH? YES NO ITEM 18, PART 1 OR PART 2) |
| DIVISION OF NG PHYSICIA offending pl after this certif for the burdel- th and Mental orked or frem | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 19 211 LOCATION | CITY OR TOWN | COUNTY STATE |
| DIV TENDING order or or TOR. After for use os for use os of Health | | 220.1 certify that (t) (this haspital saw the deceased alive an obove, (l) (we) (did) (did native | - 6 | , and that in (my) (our) apinion | , to | . 19_23_, that (I) (we) last and haur and fram the couses stoted |
| SPITAL OR A'S by the hosp were a be deteched be deteched by Store Dept. | | 22b. SIGNATURE | site | | MEDICAL STAFF DIRECTOR PHYSICIAN | 226. DATE SIGNED 8-3-55 |
| O HOSPITAL etoined by II TO FUNERAL should be det | | 22d PHYSICIAN'S NAME (TYPE OR PR | CM, KTT | | | ERSTOWN, MO |
| BP | -(| BURIAL | 23b. DATE 1979 23c | NAME OF CEMETERY OF CREMATORY. | 23d. LOCATION CALVETTY OR TOWN HARN | |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | E | in and Litel | e 34m | Tapleare 340 Al | IGO 8 1979 | RESIDENCE STRONG |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGUNE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR TYPE OR PRINT Woodrow Brandenburg Charles 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH SE UNDER LYFAR IF LINIDER 24 MOS 62 years MON9/1/16 YEAR Caucasinn Male BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Frederick Co. U.S.A. Washington County B CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Washington County Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
Foundry Pangborn Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE [13b COUNTY [13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 350 Brookline Ave. Washington Hagerstown YES TO Maryland 15. MOTHER'S MAIDEN NAME Roger Brandenburg MIDDLE Pearl Eccard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17. INFORMANT 350 Brookline 214-09-7920 Verna E. Brandenburg. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY minut DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0 Conditions, if ony, which gave rise to immediate couse to), stating DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 780 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 20 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 224. DATE SIGNED ATTENDING # MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould t 236 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Rest Haven Cemetery Hagerstown, Wash., Burial 8-8-79 REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Haven Funeral Chapel, Inc., Hag., (VR A 15 (4))

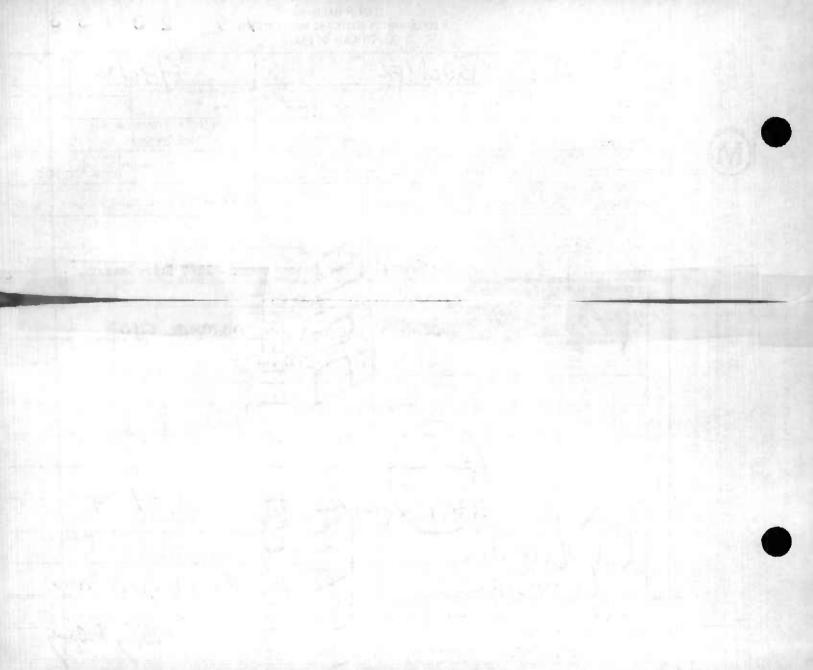
. . . Ava barbor of x and an all notations become

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A 15 (4))

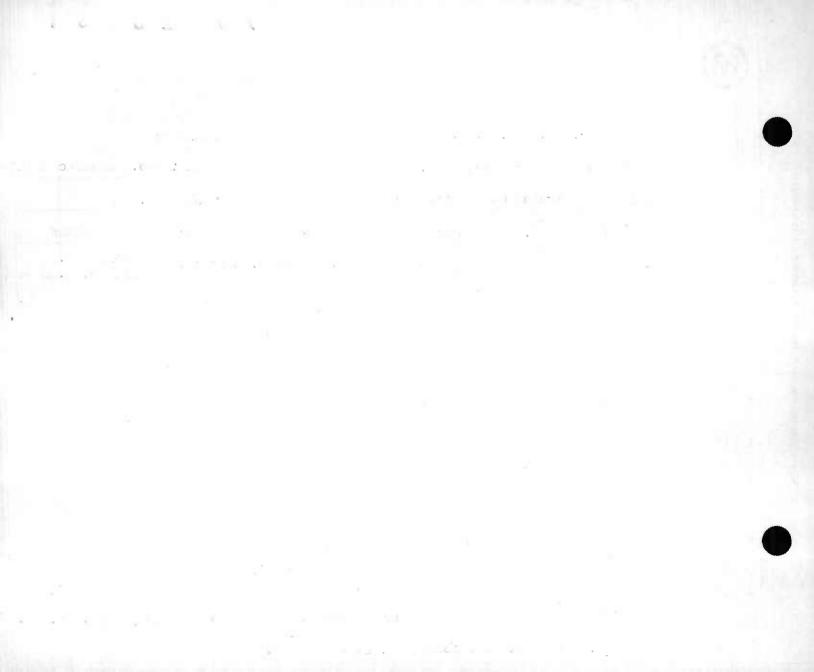
STATE OF MARYLAND

1979



STATE OF MARYLAND

FOR



MPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be northied by once

STATE OF MARYLAND

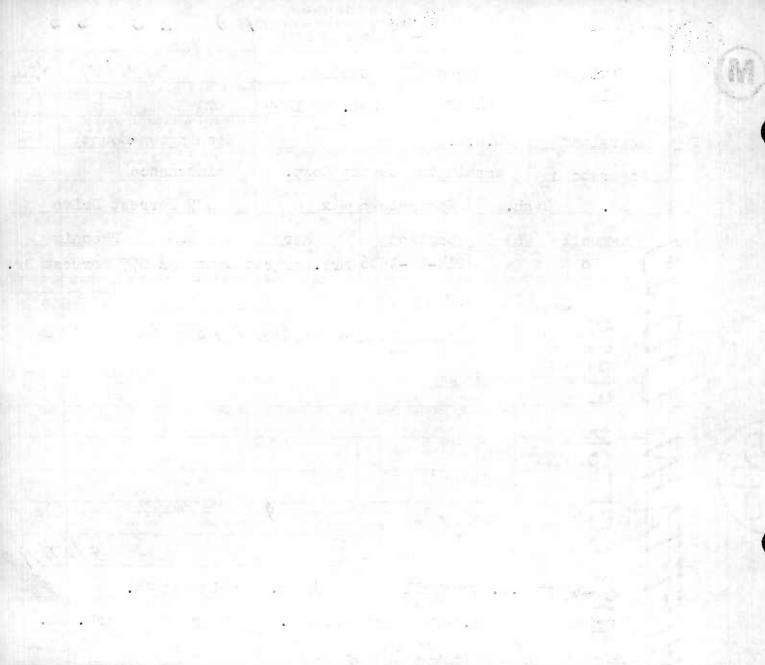
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 5 9 2 0

| | 1 - | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIPNE 9 2 0 9 5 5 CERTIFICATE OF DEATH | | | | | | | | 5 | |
|---|----------------|---|--|--|-------------------------|---|---------------------|-----------------|------------------|---------------------------|----------------------------------|------|
| | | CEASED NAME FIRST | | AIDDLE | l | AST | 20 DATE O | | | DAY YEAR | 2h HOUR | _ |
| 1 | (TYPE | William William | I | rank | C | aution | | | 3/2 | 6/79 | 108 | MM |
| Γ | 3. SEX | Male | 4. RACE | | 5 DATE C | | 6 AGE (INY | EARS LAST BIRT | | IF UNDER 1 YEAR | | TIRG |
| | | | Bla | rck | | c. 27 1899 | 7 | 79 | YRS | MONTHS DAYS | HOURS | AIN |
| | o. BIR | RTHPLACE (STATE OR FOREIGN DUNTRY) | | WHAT COUNTRY? | | NEVER MARRIED | | - 7 | R COUNTY | OF DEATH | | |
| 4 | 10 (11 | Maryland TY OR TOWN OF DEATH | U.S. | | WIDOWE | D DIVORCED DIVORCED | IZe USUAL | hing | | County | | MD. |
| 9 | | Hagerstown | (IF NOT IN SUC | HEACILITY, GIVE STREET, | ADDRESS) | ty Hosp. | ITYPE OF WOR | | WORKING HE | EL INDUISTRY | OF BUSINESS | OR |
| 5 | USUA 13a. S | AL RESIDENCE INF NURSING HOME OR TATE 136 COUN Md . Was | ITY | GIVE RESIDENCE BEFORE 13t. CITY OR TOW Hagers | N | | | ADDRESS 77 F | orre | st Dri | Lve | |
| 1 | 14 FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA. | ME | MIDDLE | L. | LA | .S1 | |
| 1 | | The Part of St. of St. of St. | VMV | Cautio | | Mary | | NMN | | Pheor | nix | |
| | 16a W {YI | VAS DECEASED EVER WU.S. AR | MED FORCES? WAR OR DATES) | 214-09- | 3 58.6 | Mrs Margre | et Cau | addre | | 7 For | rest I | Dr. |
| 7 | CERTIFICATION | Conditions, if any, which gove rise to immediate couse to isothing the underlying couse lost. PART 2 OTHER SIGNIFICANT CO. | DUE TO, OF | | NCE OF | NOT RELATED TO THE TERM | AINAL DISEAS | DPSY? | 20b. IF YES | S, WERE FINDI | NGS USED 5 OF DEATH? | = |
| | MEDICAL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that (1) (this hospitation of the deceased alive on obove, (1) (we) this did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF THE CONTRIBUTION OF | 21e PLACE (AT HOME, STR | M. MONTH DA A. DE INJURY EET, FACTORY, OFFICE, F. Edeceosed from 19 | 19 ARM, ETC.) 2/2 | 211. LOCATION 211. LOCATION STREET 19 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS | , to Sdeoth occurre | CITY OR TOW | Y IN ITEM 18, P. | COUNTY 19 r and from the | state that (I)(we) causes stated | lost |
| | | Robert | V.1. C | ampbell | | 145 W. | Washi | | st. | • | | |
| 1 | 230. BI | URIAL, CREMATION, REMOVAL BURIAL BURIAL | 23b. DATE Sept | | Rosel | EMETERY OR CREMATORY Hill Cem. | Hag | ersto | own | Wash. | Md STATE | |
| | 24 FU | NERAL DIRECTOR NAME DENNIS. | L. Chu | io sincl | 1/60 | ing, Ind. 250. DAT | | | | PAR'S SIGNA | TURE | 7_ |

DHMH - 16 50M 1/76 (VR.A 15 (4))

BP.



NAME: John Morris Creeger

DATE OF DEATH: August 19, 1979

PLACE OF DEATH: Washington County SEE: 79-21004

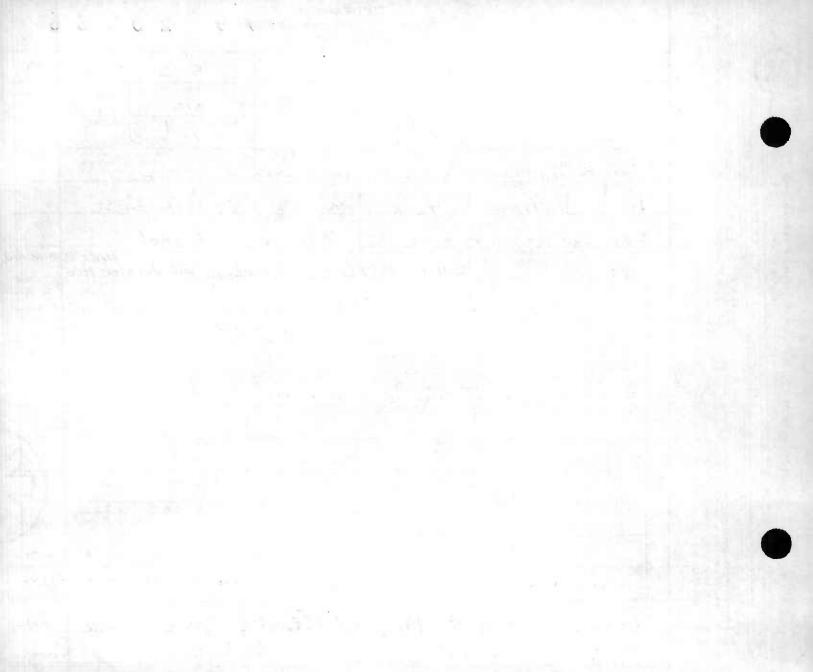
August 1979 Wash. Co.

DHMH 2485 - Vit. Rec.

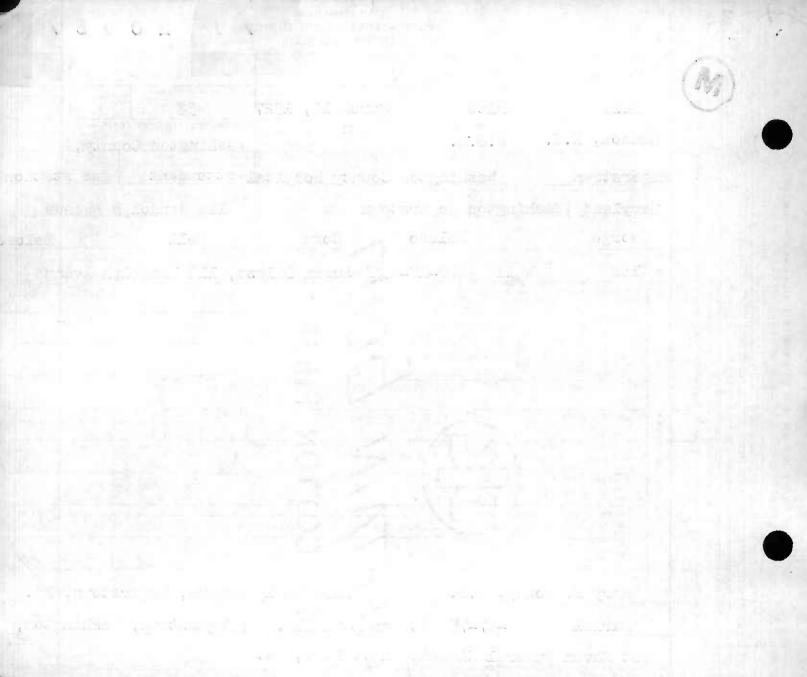




STATE OF MARYLAND



| 845 | FOR | DE | STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY | GIERS 2 A | 957 |
|--|--|--|--|---|---|
| • | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| 9 | 1. DECEASED NAME FILL (TYPEORERINT) | N M N | Deloso | 20. DATE OF DEATH MONTH | 23 79 3 30 A M |
| om 4 | 7sex Male | 4. RACE White | S. Date of Birth March 12, 192 | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| Poge | To BIRTHPLACE (STATE OR FOREIG | N 76 CITIZEN OF WHAT COU | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| furnith of | Hudson, N.Y | | WIDOWED DIVORCED WIRSING HOME OR OTHER INSTITUTION | Washington C | 126 KIND OF BUSINESS OR |
| 201 rs ofte by the filed w | Hagerstown | (IF NOT IN SUCH FACILITY, GIVEN | estreet address) ton County Hospita | (TYPE OF WORK FOR MOST OF WORKING | gas station |
| within 24 hours beet 2 should be fill | Maryland W | nome or other institution, give residence COUNTY 13c. CITY OF ashington Hag | erstown YES X NO | 13e STREET ADDRESS 118 Randol | ph Avenue |
| MARYL, manufilian ed within ond 2 st | George | MIDDLE Delo | so Cora | Bell | Delos |
| IMORE, | 160 WAS DECEASED EVER IN LE (YES, NO OR UNKNOWN) (IF | (ES. GIVE WAR OR DATES) | ISECURITY NO. 17. INFORMANT 18–2523 Susan Delo | ADDRESS So. 118 Rando | olph Avenue |
| DS, 201 W. PRESTON ST., B quires that the death certifica signed by the ottending phy; hen please remove carbon pol to burial, cremation, or removi jury, or other traumatic event. | Conditions, if ony, wh gove rise to immedicouse to, storing underlying couse in PART 2. OTHER SIGNIFIC | DUE TO, OR AS A CON ich ofte the DUE TO, OR AS A CON ich ofte the DUE TO, OR AS A CON ich (c) | liac Arrest SEQUENCE OF mic Heart Diseas | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 1(0): |
| DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. fifer this certificate hos been sig os the burnol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury | NO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY | 196 CONDITION FOR V | WHICH OPERATION WAS PERFORMED | IN CERT | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES |
| N OF VITA SICIAN: TI ng physici certificate entol transit entol Hygi | OR CONTRIBUTING CAUS | E OF DEATH HOUR A.M. MONT AMINER) P.M. | H DAY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18, | PART 1 OR PART 2} |
| IVISION UG PHYS othendir ter this is st the bu h ond Mi | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDI ospital or CCTOR: A d for use 1. of Heal | sow the deceased o | hospital) attended the deceased live on did not) view the body after death. | | , to, death occurred on the date and ha | ur and from the couses stated |
| PITAL OR by the ho by the ho ERAL DIRE or detached Store Depression 1. If there | 22d PHYSICIAN'S NAME | (TYPE OR PRINT) | | MEDICAL STAFF DIRECTOR PHYSICIAN | 8/23/39 |
| TO HOSPITAL relouned by the TO FUNERAL should be deto with the Stote | | Money, M.D. | 1198 Kenly | Avenue, Hage | erstown, Md. |
| ₽P | 230. BURIAL, CREMATION, REM (SPECIFY) Burial | OVAL 236. DATE 8-27-79 | 23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Mem. (| 23d. LOCATION CITY OR TOWN 3dn Hagerstown | Washington, |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | 24 FUNERAL DIRECTOR | | | TE REC'D. BY REGISTRAR 25b. REGIS | |



| 1 | | | DIVISION | | OT W. PRESTON STREET, BA | H ALTIMORE, MARYLAND 2120 | 9 5 8 |
|-----------------|---------------|---|--|---|---|--|---|
| death. | | ECEASED-NAME Type ar print) | First JAMES | Middle SM I TH | Last D I TTO | AUGUST Month | Day 1979 8: 30A |
| oges s after | 3. SI | MALE | | HITE | S. DATE OF BIRTH Aug. 15 | 6. AGE (In years last birthday) | FUNDER 1 YEAR IE UNDER 24 HRS. MONTH'S DAYS HOURS MIN. YRS. |
| 35 | | BIRTHPLACE (State or for natry) | eign 7b. CITIZEN OF | WHAT COUNTRY? | MARRIED NEVER MARRIED DIVORCED DIVORCED | 9. COUNTY OF DEATH WASHINGTON | Mo |
| 79 | 1 | tagers to | own 9 | I. NAME OF HOSPITAL OR INSTI ive street address) | Hospital during | JSUAL OCCUPATION (Kind of work d g most of working life, even if retire | ed.) INDUSTRY ARM |
| 38 | adm | issian) STATE nd. | 13b. COUNT | | CITY OR TOWN 13d. INSIDE C | NOR R3-Clea | vispring |
| 210 | | | r Jame | s Ditto | | MAR Smi | the |
| -1 | 160 | (es, na, (nknown) | U.S. ARMED FORCES? Let yes give war or dates of service | 16b. SOCIAL SECURITY NO 201-18-4 | | - V. Ditta-Clei | arspring, Md, |
| | | Canditians, if any, whi rise to immediate caustating the underlying last. | Ch gave (c) Cause (a) — DUE TO, (c) Ch gave (a), (b) — DUE TO, (c) (c) — | OR AS A CONSEQUENCE OF | | ORCONDITION CIVEN IN PART 1(a) | BETWEEN CHISET AND DEATH LSEASE 5-10 VRS |
| | 2 | PART 2. OTHER SIGNIFI | CANT CONDITIONS CONTR | DIABETES | RELATED TO THE TERMINAL DISEASE MELL I TUS | ORCONDITION GIVEN IN PART I(a) | |
| 2 | CERTIFICATION | 19a. DATE OF OPERATION | 19b. CONDITION FOR | WHICH OPERATION WAS PERF | ORMED 20a. AUTOPSY? | 20b. IF YES, WERE FINDIN CAUSES OF DEATH? | NGS CONSIDERED IN CERTIFYING |
| 1 | MEDICAL CE | 21a. ACCIDENT WAS OR CONTRIBUTING CAL (If either, natify medical | ISE OF DEATH HOUR A | .M. 19 | | Enter nature af injury in Part 1 ar Pa | rt 2, Item 18.) |
| | W | 21d. INJURY OCCURRED While Nat while at wark | | OFFICE BUILDING, ETC. | | 100 | Caunty State |
| | | causes stofe | (I) (t his hospital) ased alive an AUG d obove, (I) (we) (d | attended the deceosed LUST 20 19 id) (d id not) view the be | from MARCH 10 , 1 79 , and that in (my) (our) ody ofter death. | 9_70 , to August 27 opinion deoth accurred on th | |
| | | 22b. SIGNATURE | QW.S | i Do any | ATTENDING PHYS. | MED. STAFF DIRECTOR PHYS. | AUGUST 27,1979 |
| 1 | | 22d. PHYSICIAN'S NAME (Type) | EDWARD W. | DITTO, III MA | 22e. ADDRESS 217 W. WAB | HINGTON STREET | HAGERSTOWN, MD. |
| | 230 | BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE Aug. 30, 19 | - Company | METERY OR CREMATORY L'EW CEMETER | 23d. LOCATION (City of Town) Mercers Grus | 9. tenna. |
| (4) | 24. | FUNERAL DIRECTOR | Much 1 | appress ADDRESS | 2Sa. REC | D BY REGISTRAR 2Sb. REGIST | RAP SIGNATURE |

MARYLAND STATE DEPARTMENT OF HEALTH

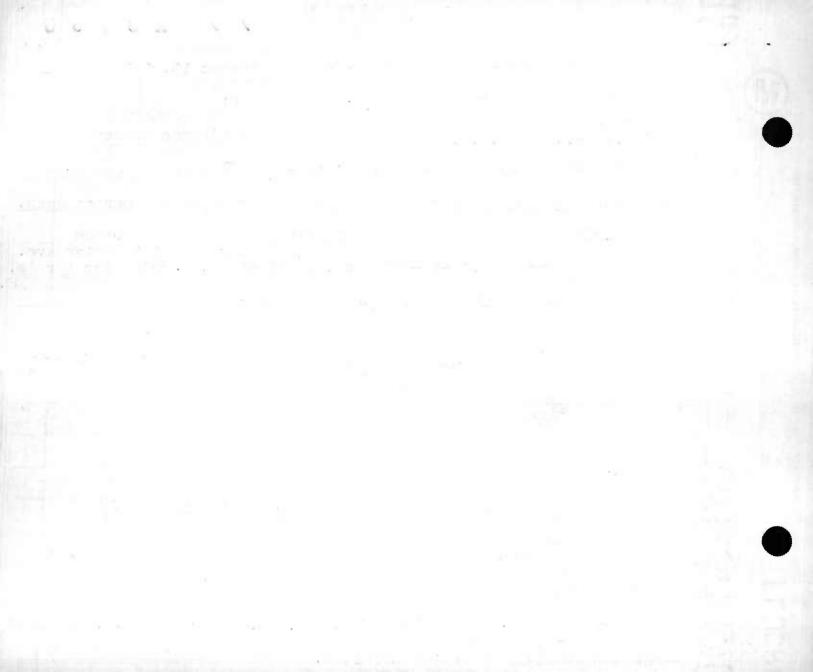
I THE R. LEWIS CO. CO., LANSING, MICH.

CETE PLANT OF MARKET

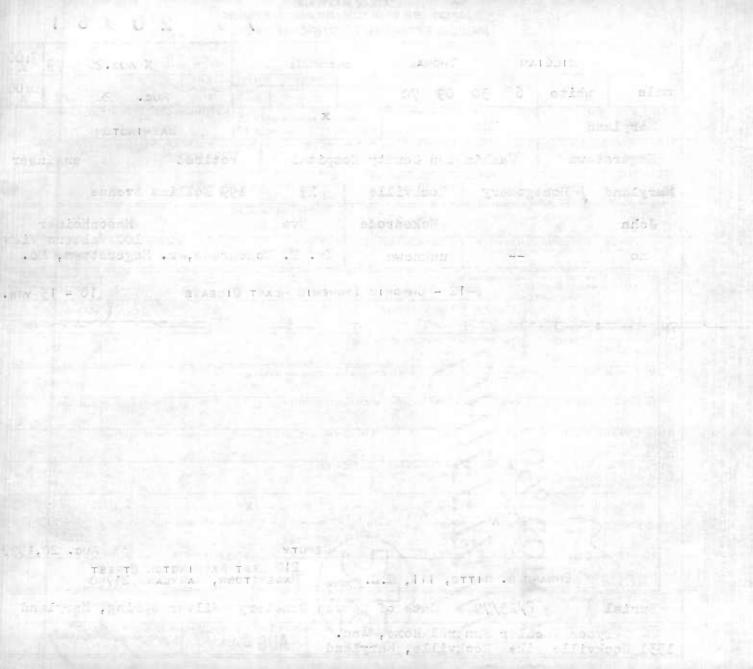
raufall ... 18-12-70 Light Dave to the Control on, standard on ... 15: 15 and the control of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2s. DATE OF DEATH 7h HOUR TYPE OR PRINTS Elizabeth Eberhardt 1979 Anna August 13. IF UNDER I YEAR IF UNDER 24 HRS 4 RACE & AGE LIN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH MONTH MONTHS DAYS HOURS MIN Female White 1898 Aug. 8 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY) Washington County U.S.A. Phila., Pa. WIDOWED IN CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Ravenwood Lutheran Village Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 1134 INSIDE CITY LIMITS? 13e. STREET ADDRESS Christ Church Harbor Apts. YES X Maryland NO [XXXXXXXXX Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Frederick C1em Elizabeth Borden 17 INFORMANT (Daughter) ADDRESS 103 Poplar Ave. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) None 217-14-2528 Mrs. Charlotte M. Norris Glen Burnie No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Id A-CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) IFICATION 70s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? NO YES | YES 🗍 CERT tronsit I Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN ld be 726. PHYSICIAN'S NAME TYPE OF PRINT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 73d LOCATION STATE COUNTY (SPECIFY) uq.16.1979Glen Haven Mem PklGlen Burnie Maryland 24 FUNERAL DIRECTOR 25s. DATE REC'D. BY REGISTRAR 75h. RE STRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 Home

STATE OF MARYLAND



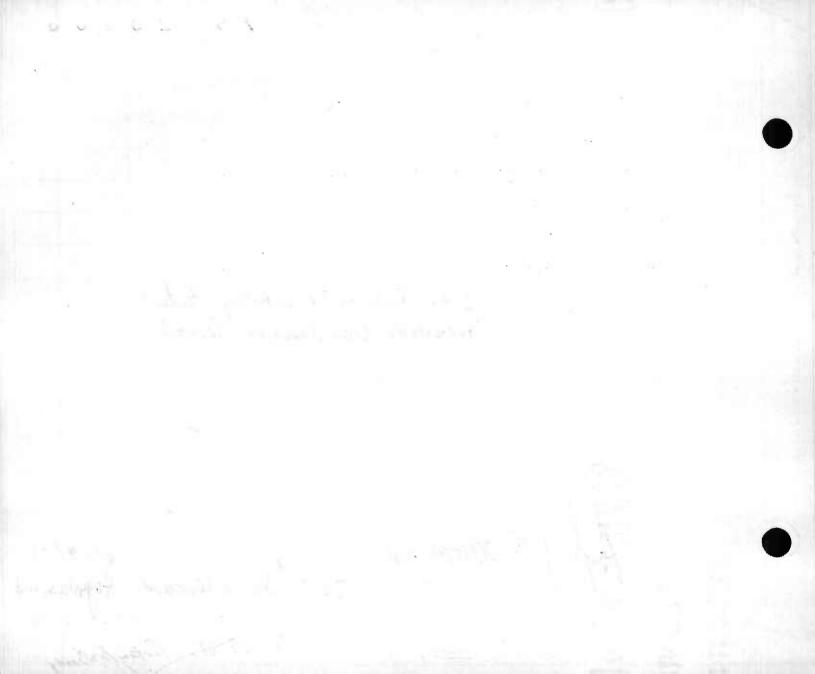
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN [b HOUR (TYPE OR PRINT) ESTI-3:00 WILLIAM THOMAS EKENRODE DEATH MATED X Aug. 20 10 AM 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR 8:00 DATE 30 PRONOUNCED male white ÖÖ AUG. 1079 DEAD AM 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PO NEVER MARRIED Maryland USA WIDOWED DIVORCED WASHINGTON ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Washington County Hospital OR INDUSTRY engineer retired retired Hagerstown USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery 13d. INSIDE CLY LIMITS? 13c Rockville 13e 199 Rollins Avenue Maryland NO F VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME OK.VIT MIDOLE Eckenrode MIDDLE Masonheimer John HVA ADDRESS 100 Walters View 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) unknown T. Eckenrode, Jr. Hagerstown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY #412 - CHRONIC ISCHEMIC HEART DISEASE 10 - 15 YRS IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Candillans, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES NO K 3 SHOULD BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 6 X 220. I certify that I taak charge of the remains described above, held an Inquiry Inspection and in my apinian Homicide Undetermined manner TITLE (SPECIFY) ACTUAL TO MEDICAL E.
EXECUTE THE C.
PAGE 4 SHOU!
TO FUNERAL D.
AFTER DEATH, V.
BALTIMORE, MA. DEPUTY DATE AUG. 20,1979 SIGNATURE MEDICAL EXAMINER 217 WEST WASHINGTON STREET EXAMINER'S NAME EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 21740 236 BURIAL CREMATION REMOVAL 236 DATE 8/23/79 23c. NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery Stlver Spring, Maryland RP 24 FUNERAL DIRECTOR Wheeler Euneral Home, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** AUG 23 1979 (VR A15 ME (5)) Rockville Pike Rockville, Maryland 15M 7/77



AN AUX TO STATE OF THE s 30M% T 4364. THUSON TOTAL A AND THE PARTY OF T A 100 Perc CAMPAGE AND A SHARE LEADING TO A STREET STREET AVITA C DE EMPIRE DE SECTE DE 1.00 - 1.11 TOUR TOUR OF USE TO CAR 12VT ANTIETA .. CO OCCUPA, MATERIAN, MAN., CO. VTC TABLE BOTOS INDAL TABLE A SE DEATH, UTTO, 1.1, SQEETING, A V.A = 1, U. AND AREA CHARLES OF THE STREET CONTROL OF THE STREET,

STATE OF MARYLAND

FOR



FOR

REGISTRAR

UNERAL DIRECTOR

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIPNE

75 HOUR

17h KIND OF BUSINESS OR

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO DY

STATE

STATE

Mills

COUNTY

COUNTY

history McCready

22c. DATE SIGNED

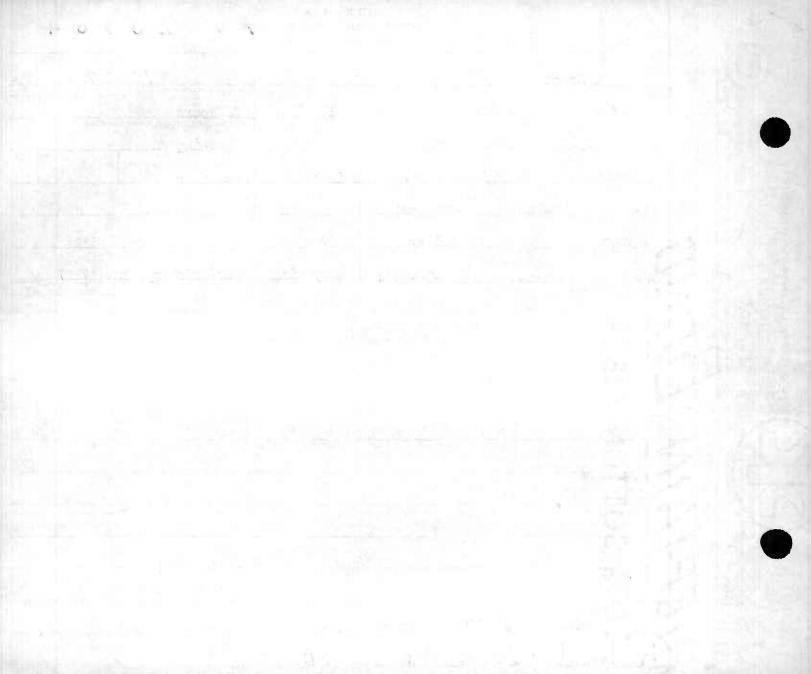
19 1979

IF UNDER I YEAR

DAYS

INDUSTRY

DHMH - 16 50M 1/76 (VR A 15 (4))



| | 1 | FOR - STATE REGISTRAR | DEPART | TMENT OF H | E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GUNE 9 | 2 0 | 9 6 | 5 |
|--|---------------|--|--|------------------------------|--|---|---|--------------|---------------------------|
| m3 | | ECEASED NAME FIRST | MIDDLE | | AST | 20. DATE OF DEATH | MONTH GAY | YEAR | 26 HOUR |
| d y | | Marie | Hannah | Gile | | Aug. 12, | 1979 | | 3:47 % |
| GE I | 3. SE | X | 4 RACE | S. DATE C | CAY VEAD | & AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| rege 4 | - | Female | White | Aug | | 85 | YRS | VINS. UAIS | HOURS MIN |
| h. Po | 70 B | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | ? 8 MARRIE | NEVER MARRIED | 9 BALTIMORE CITY C | R COUNTY O | FDEATH | |
| deort deort | | ew York | U.S.A. | WIDOWE | D DIVORCED XX | Washin | gton | | MD |
| he fr with | 10 0 | ITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE | | OR OTHER INSTITUTION | 120 USUAL OCCUPATION OF OF WORK FOR MOST OF | | 126 KIND OF | F BUSINESS OR |
| filled fred | | agerstown | Avalon Manor | Nurs | ing Home | Domesti | | self- | -employ |
| ed within 24 hou mpletely filled in and 2 should be | 14 F | ATHER'S NAME | OTHER INSTITUTION, GMR RESIDENCE BEFG ITY 134 CITY OR TO LINGTONHAGERS. MIDOLE LAST Gile | WN | 13d INSIDE CITY LIMITS? YES X NO 15 MOTHER'S MAIDEN NA FERST Lida | 13e STREET ADDRESS 922 Oak | Hill A | Whi | tnev |
| d col | 160 | WAS DECEASED EVER IN U.S. AR. | | URITY NO. | 17 INFORMANT | ADDRE | SS | | J |
| Poge exe | n | (, , , , , , , , , , , , , , , , , , , | 079-05 | 5-078 | Pauline | Anderson | See # | 4 13E | above |
| requires that the death certific signed by the attending phy. Then please remave carbonpo or to burial, cremation, ar remaining, ar eneminjury, ar ather traumatic even | NOI | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT C | DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T | JÊNCE OF 1050 JENCE OF | ve Heart Verotie Hea | | 50 | 3 W | x+- |
| The law ion. the has been in permit if permit | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR WHIC | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? YES NOTE | 20b. IF YES, W IN CERTIFYIN YES [| NG CAUSES | |
| SICIAN: The physician of physicial certificate unial-transit fem 18 she them 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | THE HOUR A.M. MONTH [| DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | LY IN ITEM 18, PART | 1 OR PART 2) | |
| OING PHYS or attendir After this e e as the bu alth and M marked or i | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | , FARM, ETC.) | 21f. LOCATION STREET | CITY OR TOV | VN | COUNTY | STATE |
| ATTENI psprital ECTOR: d for us d for us m 21 is u | | sow the deceased alive on | attended the deceased from AVG. C 19_ | 79 | , 19 19 d d that in (my) (and apinion DEGREE | death occurred on he do | te and haur or | | |
| OSPITAL OR hed by the high UNERAL DIRIGION of the State Department of the Stat | - | 22d. PHYSICAN S NAME (TYPE OF | A PRILITA | ma | ATTENDING | MEDICAL STAI | F IAN 🗌 | 8/12 | 2/1979 |
| TO HOSPI retained b TO FUNE should be with the SI | 230 | LLoyd A. Ho | | NAME OF C | 1147 OZK H | FILL AVE. 1 | Hzger | stow | n, MB |
| BP | | urial | | | | CITY OR TOWN | | YTNU | N.Y. |
| | - | UNERAL DIRECTOR | | neont | a Plains Ce | em Oneont | ShareGIST A | R'S IGNAIL | |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | est Haven Fur | neral Chapel | Inc. | Hag Mo UG1 | 6 1973 | atray / | rusay | |

TO THE PERSON OF THE WALL OF THE RESERVE STREET STATE OF THE STATE GALLERY OF THE STATE OF THE STA

| (N | 1 | 1- | STATE REGISTRAR | | | | ICAL EXA | | | | 4 4 | REG. | NO | 9 6 | 0 6 | |
|--|------------------|---------------|--|----------------------------|---------------|--|-------------------------------------|----------------|--------------|----------------------|-------------------|---------------------------------|--------------------------|------------------|------------|------------------|
| C | 7 | | EASED NAME OR PRINT) | _ | arba | ara N | MIDDLE | GO | DD LAST | | 0 | TE KNOWN | MONTH | 14 , | YEAR 10 79 | 75. HOUR 7:30 |
| RY PLEAS DIRECTO DUR FAE 72 HOUR | ON STREE | 3. SEX | emale | 4. RACE whit | | DATE OF BIRTH DAY Sept. 27, | YEAR LAST | (IN YEARS IF U | | IF UNDER | 24 HRS. 2c. D. | ATE DUNCED | MONTH | 14 | YEAR 19 79 | 7:50 |
| NECESSA TUNERAL S FOR Y WITHIN | 35 | FO | RTHPLACE IS REIGH COUNTRY) Marylan | ad | 71 | USA | AT COUNTRY? | | RIED NE | VER MARRI DIVORCI | ED U W | TIMORE CIT ashing | ton | | | MD. |
| 204 1 | 579 | Hag | ry or town Jerston | 'n | DO | Washing | ton Cour | nty Hos | | ITION | FOR MOST OF house | CUPATION (WORKING LIFE) EWIFE | TYPE OF WORK | 12b. KIN OR | INDUSTR | SINESS |
| F ANY C AND 3 RETAIN HOULD | 35 | 13a. S | | (IF IN NURSING) | OUNTY Shir | other institution, given | 13c CITY OR TO Hagers | WN | 13d INSIDE (| NO 🗆 | 136 E. | First | Stree | et. | | |
| Y Y S A Z | 110 | 6 | FATHER'S NAME EMORY Hars | | arsh | | LAST | | | | NAME Lie Eco | | | U | AST | |
| O PAR | FEMIL PAGES 1 AM | 16a. V | VAS DECEASE S. NO. OR UNKNO NO | D EVER IN U.: | | D FORCES? R OR DATES) | 218-34- | | Mrs. | | leen Le | crone, | | stow | m, M | id. |
| N ST., B. 24 HOUR EM 1B. ONG W | | | 18. CAUSE C | ATH WAS CA | AUSED B | cane couse per line for the lin | or (a), (b), and (c) 3 - CERE | BRAL TI | HOMBO | 818 | | | | BETWI | | AND DEATH |
| VITHIN 2 CIL IN IT INER AU | REMOVAL. | | gave ri | ns, if any, we see to imme | diote | DUE TO, OR A | AS A CONSEQUE | NCE OF | | | | | | | | |
| S 3 4 3 8 | | | lying cau | | | (c) | AS A CONSEQUE | | | | | | | | | |
| DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITHOF THE WORD "PENDING" POED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BI | | | #E885 | - FALE | - ON | SAME LE | VEL FROM | TRIPP | ING - | 7/9/79 | | | | 35 c | | |
| SHOULD ORD THE CORD T | D ZOL | CERTIFICATION | | 1/79 | | OPEN F | ON FOR WHICH | N INTER | TROCH | ANTER | | | | YE | UTOPSY? | NO [X |
| ION OF TIFICATE TO THE HOULD | 50 | MEDICAL CE | 210 EXTERNA UNDERLYING CONTRIBUTI | OR CAUSI | | | MONTH DAY | YEAR 79 FE | LL AT | | D (ENTER NATURE O | F INJURY IN ITEM | 18 PART 1 OR PA | .RT 2) | | |
| DIVISI THIS CERT WRITING VARDED AGE 3 SI | STATE DEPA | MED | 216 INJURY (WHILE AT WORK | NOT WHILE AT WORK | E X | | F INJURY (AT HO DRY, FARM, ETC.) | | STREET EAS | T FIRS | T STREE | T, HAG | ERSTO | UNITY VN , WA | 18H., | STATE MD. |
| AINER: T | | | | fy that I taak | | of the remains desc | | I an Auta | 7 | Inspection | Undetermined | | ond in my o _l | oinian | | |
| AL EXAM HE CERT HOULD I | TH, WITH THE | | ACTUAL SIGNATURE, | Jelu | 264 | Ows | Di HOA | T | | PUTY | MEDICAL EX | | | | i. 15 | ,1979 |
| TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I | LTIMORE | | EXAMINER'S (TYPE OR PRI | NAME E | DWARI | W. DITT | ro, 111, | M.D. | _ADDRESS_ | | EST WAS | | | ET | | |
| Bb | BA | bi | JRIAL, CREMA PECIFY) Urial | | A | ug.17,197 | 9 St.Pa | | emeter | Y. | | Sprin | | | | land |
| DHMH - 1 (VR A15 ME 15M 7/7 | (5)} | | | | | n Funeral ., Hagers | | 1. 2174 | | | IC 2019 | | GISTRAR'S | SIGN ATU | Transl | 7 |

STATE OF MARYLAND

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THE TOTAL PROPERTY THE MISS.

LAGO TOWN, MANY AND

BP.

DHMH - 16 50M 1/76

(VR A 15 (4))

FOR

REGISTRAR

. DECEASED NAME

- STATE

(TYPE OR PRINT)

Raymond

U.S.A.

White

.Va.

Washington

(IF YES, GIVE WAR OR DATES)

76 CITIZEN OF WHAT COUNTRY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b HOUR AGE (IN YEARS LAST BIRTHE IF UNDER I YEAR IF UNDER A TARS MONTH March 19,1907 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION WORK FOR MOST OF WORKING LIFE Garage Washington County Hospital Mechanic 13e STREET ADDRESS 13d INSIDE CITY LIMITS? George Street Hagerstown YES T 15 MOTHER'S MAIDEN NAME MIDDLE Mary Whittington 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 215-36-7297 Marie Griffith, 435 George Street

| 18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIAT | y one couse per line for (a), (b), and (c) BY: E CAUSE (a) ANCHORUS | of lung with | motoday to more interval and death |
|--|--|-------------------------------|------------------------------------|
| 1629 | DUE TO, OR AS A CONSEQUENCE OF | | |
| Conditions, if ony, which | (b) | 1 | |
| gove rise to immediate couse 101, stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE OF | 0 | |
| PART 2. OTHER SIGNIFICANT C | onditions <u>contributing to death</u> but not related | TO THE TERMINAL DISEASE OR CO | NDITION GIVEN IN PART 110 |

710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY P.M

YEAR 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

211. LOCATION

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO [

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

Burial

23b. DATE 8-28-79 23c. NAME OF CEMETERY OR CREMATORY

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NO

CITY OR TOWN

Rest Haven Cemetery Hagerstown, Wash., Md.

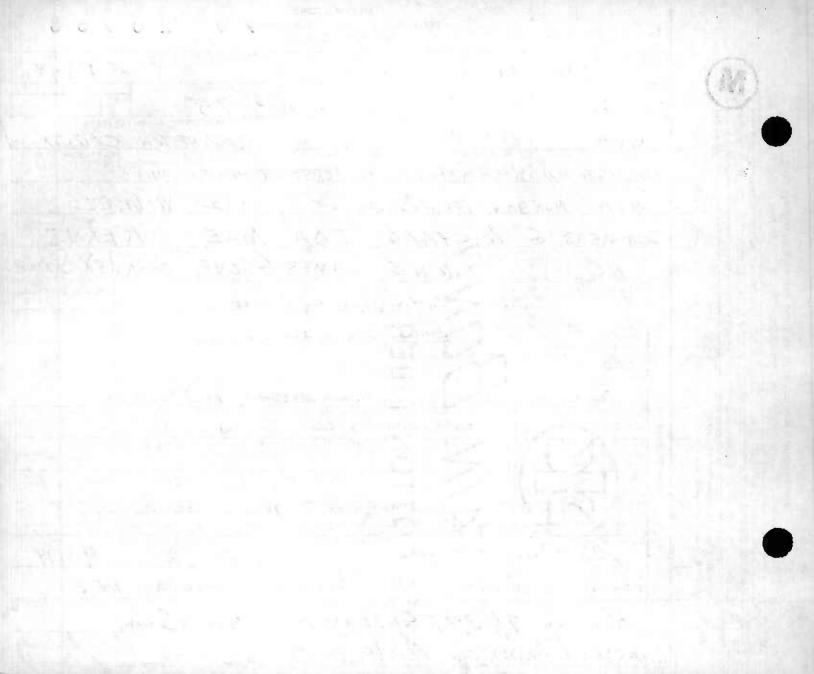
24. FUNERAL DIRECTOR

MAUG 2 Haven Funeral Chapel, Inc., Hag.,

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

, c = 10 AND THE REPORT OF THE PROPERTY

| | | OR PRINT ADMI | VIRGINIA | GROVE | 20 DATE OF DEAT | 8 - 25 - 79 |
|--|---------------|--|---|-------------------------------|------------------------------|---|
| | 3 SE. | | 4 RACE | 5. DATE OF BIRTH | 6 AGE IN YEARS LAS | T BIRTHDAY) IF UNDER 1 YEAR IF |
| | 16 BI | RTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUN | 9 17 1 | 1903 15 | YRS YOR COUNTY OF DEATH |
| 86 | | WVA | 0.5.4. | MARRIED NEVER MARR | HED L | STON COUNT |
| 1 | 10 C | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | JRSING HOME OR OTHER INSTITUT | ION 120 USUAL OCCUI | PATION 126, KIND OF E |
| 1 | HA WSU | RERSTOWN AL RESIDENCE (IF NURSING HOME O | WASHINGTON ROTHER INSTITUTION, GIVE RESIDENCE | CO. HASERST BEFORE ADMISSION) | OWN House | WIFE |
| 13 | 13a. S | WVA MOR | 9AN BERGLE | Y PRINGS YES TO NO | | WILKES |
| 10. | 14. F. | THER'S NAME | MIOOLE AA 1 LAST | 15 MOTHER'S MA | IDEN NAME | IE UP DIASTI |
| 2 | 160 V | OMMERS 6 VAS DECEASED EVER IN U.S. AF | MED FORCES? 16h SOCIAL | SECURITY NO. 17 INFORMANT | MAF | DDRESS / |
| 3 | (1 | | E WAR OR DATES) | VE JAMES | 12 - | BERKLEX |
| E. | | 18 CAUSE OF DEATH (Enter of | nly one couse per line for iai, (b | o , and (c .) | | APPROXIMA BETWEEN ONS |
| e ve | | PART I. DEATH WAS CAUSE | TE CAUSE (a) Can | idio-respirating; | Annest | |
| DOILE | | 4121 | DUE TO, OR AS A CONS | EQUENCE OF | 10. | |
| 0 | | Conditions, if ony, which gove rise to immediate | (p) (25.5 | ible pulnonay en | 15 Vism | |
| | | cause tot, stating the underlying cause fast. | DUE TO, OR AS A CONS | EQUENCE OF | | |
| 5 | | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING | TO DEATH BUT NOT RELATED TO T | HE TERMINAL DISEASE OR C | ONDITION GIVEN IN PART 110 |
| | CERTIFICATION | | | KTHOINTETTINIAL BLE | | Khrillation |
| du / | FICA | 190 DATE OF OPERATION | | HICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF |
| / | ERTI | 6/25/79 21a. ACCIDENT WAS UNDERLYING F | | | OCCURRED (ENTER NATURE OF | |
| 9 | | OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | DAY YEAR | OCCORRED (ENTERNATIONE OF | TOTAL TOTAL TOTAL TOTAL |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED | 21e PLACE OF INJURY | 21f LOCATION | | |
| D | × | WHILE AT WORK AT WORK | TAT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) STREET | CITY OF | R TOWN COUNTY |
| E | | 22a 1 certify that (1) (this hosp | ital) attended the deceased fr | om MAY-JUNE 19 | 79 , to Auex | 17 25 19 79 , tho |
| 7 | | sow the deceased alive or | | | opinion death occurred on th | ne date and hour and from the cou |
| 5 | | 226. SIONATURE | | DEGREE | | 22t. DATE SIC |
| E | | rome In | nego, n | ATTEN PHYS | IDING MEDICAL | STAFF YSICIAN 8/25 |
| | | 276. PHYSICIAN'S NAME (TYPE O | | 22e. ADDRESS | | English E. J. |
| | | JADRAM I | 1. 411 | 1158 E. HAI | TEITHIN ST. HALE | estann, Md. |
| The state of the s | | MOBERT J. TRACE | 04.7. | | | |



71/1 The Aller Commence of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

| 1 | 1- | FOR STAT REGI |
|---|--------|---------------------|
| 1 | 1. DEC | CEASE |

STATE OF MARYLAND

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| 12 | | | -504 | |

| | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. |
|-----|-----------------------|--|--|--|--|
| | | CEASED NAME FIRST CHARLE | MIDDLE LEWIS | HARRIS | 20. DATE OF DEATH MONTH DAY YEAR 26 79 3 |
| | 3. SE | MALE | 4. RACE white | 5. DATE OF BIRTH MONTH OS 17 / 13 | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEA |
| 83 | 7a. B | IRTHPLACE (STATE OR FOREIGN OUNTRY) Virginia | 76 CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY OF DEATH |
| 79 | 10 C | ACECSTOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION (ADDRESS) | 126 USUAL OCCUPATION 126 KIND OF BUSIN (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CONSTRUCT |
| 35 | USU. | AL RESIDENCE (IF NURSING HOME STATE 136 COL | OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR | VN 13d INSIDE CITY LIMITS | 13e STREET ADDRESS Rt. 1 Box 248 |
| 210 | 14. FA | ATHER'S NAME PIRST David | MIDDLE LAST Harri | s 15. MOTHER'S MAIDEN FIRST Sarah | wilder Wilder |
| 1 | | WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? 166 SOCIAL SECTION WAS OR DATES) 400-09- | | address ie M. Harris Hagerstown, Md. APPROXIMATE INTE |
| | | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEOU | ence of | Damage - severe |
| | CATION | gave rise to immediate couse (a), stating the underlying couse lost | DUE TO, OR AS A CONSEOU (c) | exclerate Card | RMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |
| 25 | CERTIFICATION | gave rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEOU (c) | DEATH BUT NOT RELATED TO THE TE | Damage - 5-Euere RMINAL DISEASE OR CONDITION GIVEN IN PART 110 |
| 29 | DICAL CERTIFICATION | gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICANT The DATE OF OPERATION THE ACCORT WAS UNDERLYING OF CONTRIBUTING | DUE TO, OR AS A CONSEOU (c) | DEATH BUT NOT RELATED TO THE TE | RMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 201. AUTOPSY? 205. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [|
| 2.9 | MEDICAL CERTIFICATION | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION THE ACCOUNT WAS UNDERLYING ON CONTRIBUTING TO CAUTE OF INTERPRED TO WHILE THE AT WORK TO THE OFFI AT WORK TO THE OTHER OFFI AT WORK TO THE OFFI AT | DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO INI. CONDITION FOR WHICH INI. CO | DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED TAY YEAR THE LOCATION STREET | RMINAL DISEASE OR CONDITION GIVEN IN PART 100 201 AUTOPSV? 206 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [URRED LIMITER HATCHE OF INJURY IN TEM IS PART 1 OF PART 1) |
| 2.9 | | gove rise to immediate couse (o), stofing the underlying couse lost part of the underlying couse lost of the underlying couse lost part of the DATE OF OPERATION 21st ACCOUNT WAS UNDERLYING OR CONTRIBUTION OF CAUTE OF CONTRIBUTION AND ALEXAMINED AT WORK 1 NUMBER OF COURSE OF | DUE TO, OR AS A CONSEOU (c) | DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED AY YEAR 19 THE LOCATION STEELS 19 June 19 J | RMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 101 AUTOPSY? 1206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [URRED LIMITER HATURE OF HALLEY IN TEM IS PART 10 CITY OF TOWN COUNTY That (1) That (1) The death occurred on the date and hour and from the course of the cours |
| | | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION THE ACCOUNT WAS UNDERLYING OR CONTRIBUTING TO CAUTE OF OPERATION THE INJURY OCCURRED ON THE OPERATION OF CONTRIBUTING TO COUNTRIES THE OPERATION OF CONTRIBUTING TO CONTRIBUTING THE OPERATION OF CONTRIBUTING THE OPERA | DUE TO, OR AS A CONSEQUE (c) | DEATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED TAM YEAR THE LOCATION | RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO [URRED LIMITER HAPLING OF INJURY IN TEM IS WART 1 OF PART 1) CITY OF TOWN COUNTY TO THE FIRST CONTROL OF THE COUNTY IN TEM IS WART 1 OF PART 1) CITY OF TOWN COUNTY 22C. DATE SIGNED 3. MEDICAL STAFF |
| 29 | MEDICAL | gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CONTRIBUTING CALLE OF OPERATION. THE ACCOUNT WAS UNDERLYING. OR CALLE OF OPERATION. THE ACCOUNT WAS | DUE TO, OR AS A CONSEQUENCE. CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH THE CONDITION FOR WHICH AM MONTH D F.M. THE PLACE OF INJURY (AT HOME STREET FACTORY, CAPICE). DITAL STREET FACTORY, CAPICE. | DEATH BUT NOT RELATED TO THE TE HOPERATION WAS PERFORMED TAY VEAR 19. THE LOCATION STEELS DEGREE ATTENDING PHYSICIAN | RMINAL DISEASE OR CONDITION GIVEN TOL AUTOPSY? TOL AUTOP |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

UV COS REPLEED SOME A STATE OF THE RESERVE A . Page AND THE PROPERTY OF THE PROPER

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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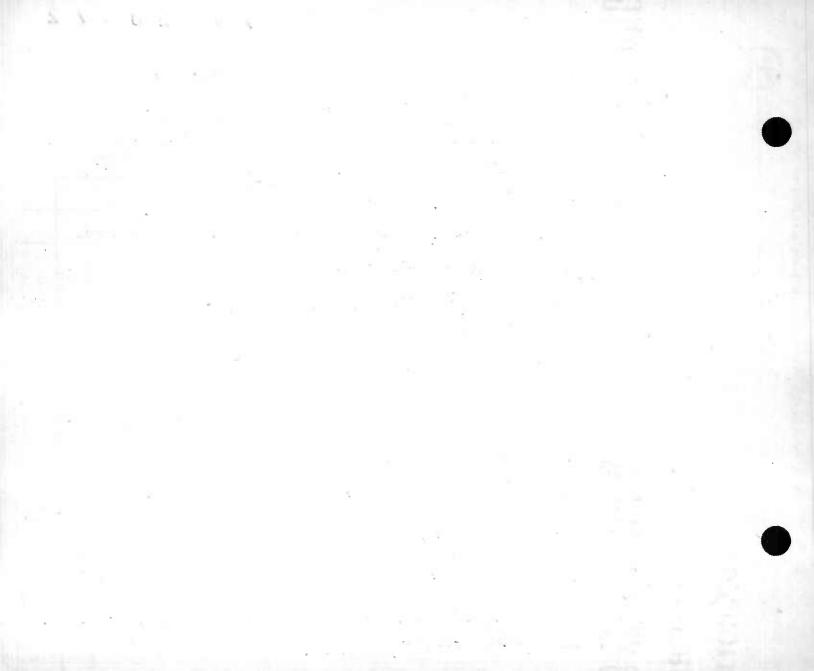
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

| | 100 | REGISTRAR | | CERTIFI | ICAIL OI DEA | | REG. NO | | 4 21/153 | 7 |
|-----|---------------|---|--|--------------|-------------------------|-------------------|---------------------------|---------------------------------------|--------------|-----------------------|
| | | CEASED NAME FIRST | MIDDLE | 1 | AST | | 20. DATE OF DEATH | MONTH DA | Y YEAR | 2b HOUR |
| | (1116 | Roy I | heodore | Ha: | rt, Sr. | | August 2 | 2, 197 | 79 | M |
| | 3 SE | X | 4 RACE | 5. DATE C | FBIRTH | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| | | Male | White | Augi | ıst °20, | 191 | 63 | YRS | DAYS | HOURS MIN |
| | | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTR | Y? 8 | NEVER MARI | DIE O | 9 BALTIMORE CITY O | R COUNTY C | F DEATH | |
| 35 | | Maryland | U.S.A. | WIDOWE | | | Washing | ton Co | ounty | 9 MD. |
| | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR | SING HOME C | ROTHER INSTITUT | TION | 12a USUAL OCCUPATI | | 12b. KIND C | F BUSINESS OR |
| 00 | | Hagerstown | 1126 Sherma | | nue | | THE CONTROL TO THE STORY | · · · · · · · · · · · · · · · · · · · | IIADOSIKI | |
| 35 | 13a S | at RESIDENCE (IF NURSING HOME OR STATE 135 COUN Wash | other institution give residence bei ity 13. City or to ington Hager | NWC | 13d. INSIDE CITY L | IMITS? | 13. 1126°5h | erman | Aven | ue |
| 2/1 | 14 FA | THER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MA FIRST | AIDEN NAA | MIDDLE | , 1 | LAS | šŤ |
| 1 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SE | CURITY NO. | 17 INFORMANT | | ADDRE | SS | | |
| | | | | Tipo In | 1200 | | | Barry. | | |
| | No | Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost | DUE TO, OR AS A CONSECTION OF TO OR AS A CONSE | DUENCE OF | NOT RELATED TO | THE TERMI | | OITION GIVEN | VIN PART 110 | jh_ |
| 9 | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHI | CH OPERATIO | N WAS PERFORME | D | 20a AUTOPSY? | | | NGS USED OF DEATH? |
| 9 | MEDICAL CER | 21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE | 218. TIME OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 19 | 216. HOW INJURY | Y OCCURR | ED (ENTER NATURE OF INJUR | | OUNTY | STATE |
| | | WHILE AT WORK 2 22a. I certify that (1) (this hospit sow the deceased alive on above. (1) (was taked) (did not 22b. SIGNATURE | aus 2 19 | 79 or | DEGREE | 9 GO opinion d | eath occurred on the do | | / | |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE OF | RPRINT) Ken Sn | me | | SICIAN (| W. Wy S | | 2/ | 790 |
| | 23a. B | URIAL, CREMATION, REMOVAL | 23b. DATE 23 | c. NAME OF C | EMETERY OF EREA | AATORY | 23d LOCATION | | OLINIAN - | CILIT- |
| | (3 | Purial | B | est H | aven Cer | mete | ry Hagers | town. | Wash | Md. |

Haven Funeral Chapers, Inc., Hag.,

DHMH - 16 50M 1/76 (VR A 15 (4))

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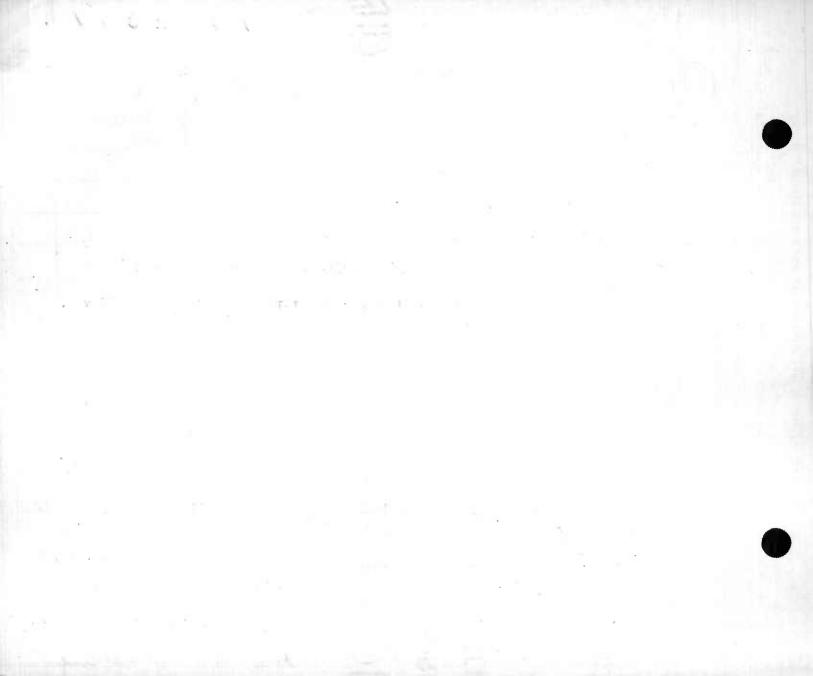


| | 1. | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | REG. NO. | , , , , |
|---------------|-----------------------|--|---|---|--|---|
| | | CEASED NAME FIRST OR PRINT) PAUL | FORDYSE | HICKMAN | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR 900 |
| | 3. SE | Male | white | 5. DATE OF BIRTH MONTH DAY 26, 1914 | 6 AGE (IN YEARS LAST BIRTHDAY) 6 5 YRS | IF UNDER 1 YEAR IF UNDER 24 H |
| 186 | To BI | RIHPLACE (STATE OR FOREIGN) | U.S. A. | 8 MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COUN | TY OF DEATH |
| hitoletin 1 | 10 C | 19ers town of DEATH | II. NAME OF HOSPITAL, NURS IN UIF NOT IN SUCH FACTORY, GIVE STREET | AG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | 126 KIND OF BUSINESS INDUSTRY |
| ags for | USU. 13a. | RESTDENCE (IF NURSING HOME OR OF 125 GOUN) | OTHER INSTITUTION, GIVE RESIDENCE REFORM TY 13 CITY OR OWN NKIN CHAMP | N 136 INSIDE CITY LIMITS? | RDS-Chamb | ers burg |
| Sex amily | | Lindsey M | 10. Hickman | IS MOTHER'S MAIDEN NA | | ice LAST |
| 3 | | VAS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES | | -ickman-RS-e | |
| event, the | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | | | ERNIATION | APPROXIMATE INTERVAL BETWEEN ONSET AND DEA |
| umatic | | Conditions, if ony, which | DUE TO, OR AS A CONSEQU | ENCE OF DURAL HEN | 3 AAAANOI | |
| other tro | | gove rise to immediate couse ioi, stating the underlying couse lost | DUE TO, OR AS A CONSEQU | | | |
| njury, or | NO | · 1 / 1 | MOCYTO PEN | DEATH BUT NOT RELATED TO THE TERM | winal disease or condition g | EIVEN IN PART 110 |
| ows ony | MEDICAL CERTIFICATION | 190 DATE OF OPERATION | | OPERATION WAS PERFORMED | IN CERT | YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? |
| Item 18 shows | ALCER | 210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | HOUR A.M. MONTH D. | AY YEAR | RRED (ENTER NATURE OF INJURY IN ITEM 18 | B, PART 1 OR PART 2) |
| orked or I | MEDI | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 21 is ma | | 220.1 certify that (I) (this haspital saw the deceased of veron above, (I) (web-200) (all-not | | 8/2 19 7 | to 8/23 death occurred on the date and his | . 19 29, that (t) (we) our and from the couses states |
| T. If hem | | 226. SIGNATURE Mary E. | 0 | DEGREE ATTENDING (PHYSICIAN) | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED 8/23/ |
| IMPORTANT: | | 220. PHYSICIAN'S NAME (TYPE OR MATGE, | Money Mi | 22e ADDRESS | town, Md. | |
| M | 1 | URIAL, CREMATION, REMOVAL RECIPY PARTIES PARTIES PROVINCE PROV | | HOUSE DESCRIPTIONS | 23d LOCATION GTY OR TOWN | DOUNTY STO |
| 6 | | INERAL DIRECTOR | | melay CRenty B | C D BY RETUS JAGR 256. RES | STRAP'S SIGNATURE |

STATE OF MARYLAND

MARIE MANNER DATE DATE OF MANNER WITHOUT THE PARKET The state of the s Contest of the man the state of the

STATE OF MARYLAND



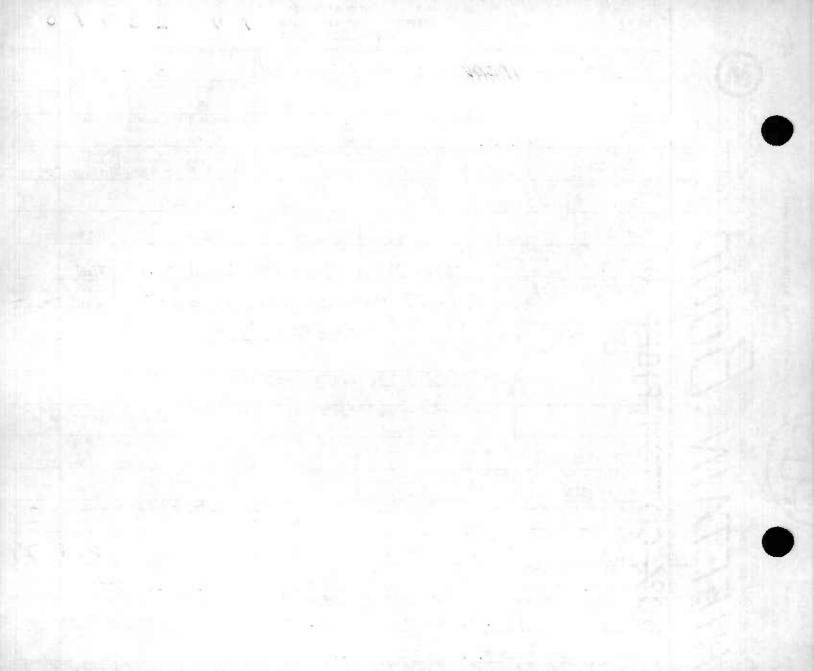
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Osborne Funeral Home P.O. Box 348 Wmspt. MD21705

STATE OF MARYLAND

FOR

(VR A 15 (4))



- STATE

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

16 IF UNDER 1 YEAR

9. BALTIMORE CITY OR COUNTY OF DEATH

Washington 126 KIND OF BUSINESS OR INDUSTRY

Farming

Delauter

APPROXIMATE INTERVAL Immediate

STATE OF MARYLAND

STATE

26 HOUR

515

HOURS

IF UNDER 24 HRS

COUNTY

22c. DATE SIGNED

Smithsburg, Maryland 21783

Hagerstown, Wash. Co., Md. 250. DATE REC'DEBY RECUE FRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76 (VR A 15 (4))

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NATIONAL CONTRACTOR CONTRACTOR OF THE SERVICE STATES AND ADDRESS OF THE SE

| 1 | | STATE OF MARY |
|----|--------------|--------------------------|
| 1- | FOR STATE | DEPARTMENT OF HEALTH AND |

AND MENTAL HYGIENE

| | - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | , , , 9 | | |
|-----------|---|---|--|---|---|--|--|
| 1 | DECEASED NAME FIRST | MIDD(E | LAST | 26 DATE OF DEATH MONTH DA | AY YEAR 26. HOUR | | |
| 1 | Augusta | Louise | HOSE | August 6, 197 | 79 | | |
| 3. | SEX | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | | IF UNDER 1 YEAR IF UNDER 24 HRS | | |
| L | female | white | August 29, 1905 | 73 _{YRS.} | | | |
| 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUNTRY | Y? MARRIED NEVER MARRIED | BALTIMORE CITY OR COUNTY | OF DEATH | | |
| 5 | Maryland | USA | WIDOWED DIVORCED | 7.7 7 | 1 MD | | |
| 0 | (IF NOT IN SUCH FACILITY, | | ing home or other institution in address; Center | 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE housewife | 126 KIND OF BUSINESS OR INDUSTRY | | |
| 13 | SUAL RESIDENCE (IF NURSING HOME OR IS STATE 136 COUN Maryland Wash | rother institution, give residence bero NTY 13c CITY OR TO Lington Hagerst | WN 134 INSIDE CITY LIMITS | 5? 13. STREET ADDRESS 128 Coffman Av | enue | | |
| 14 | A FATHER'S NAME FIRST Clarence A. White Is MOTHER'S MAIDEN NAME FIRST Martha Ellegood | | | | | | |
| 16 | WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GIVE NO | MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 216-38- | ADDRESS / Louise Hawdon, Hag | gerstown, Md. | | | |
| | 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c), (| | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Myocardial Infarction | | | | sudden | | |
| | Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last | DUE TO, OR AS A CONSEO | | | | | |
| 1 | | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 | | | | | |
| 4 | 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHIC | H OPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? | | |
| | OR CONTRIBUTING CAUSE OF DEA | | | CURRED (ENTER NATURE OF INJURY IN ITEM 18, PAI | RT + OR PART 2} | | |
| - Colored | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC.] | CITY OR TOWN | COUNTY STATE | | |
| | sow the deceased a | | DEGREE ATTENDIN | nion death occurred on the date and hour | 22c. DATE SIGNED | | |
| ٦. | 224. PHYSICIAN'S MAME (TYPE O | R PRINT) | 22e ADDRESS | A DIRECTOR THIS CLAN | Aug.6,1979 | | |
| | Howard N. Weeks, M.D.P.A. | | .A. 580 North | 580 Northern Avenue Hagers. MD 21740 | | | |
| 23 | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR CREMATO | RY 23d LOCATION | COUNTY STATE | | |

TO FUNERAL DIRECTOR: After

DHMH-16 20M (VRA 15, 4) 7/78

burial Aug.9,1979 Rose Hill Cemetery

14 FUNERAL DIRECTOR Minnich Funeral Home
415 E. Wilson Blvd., Hagerstown, Md. 21740

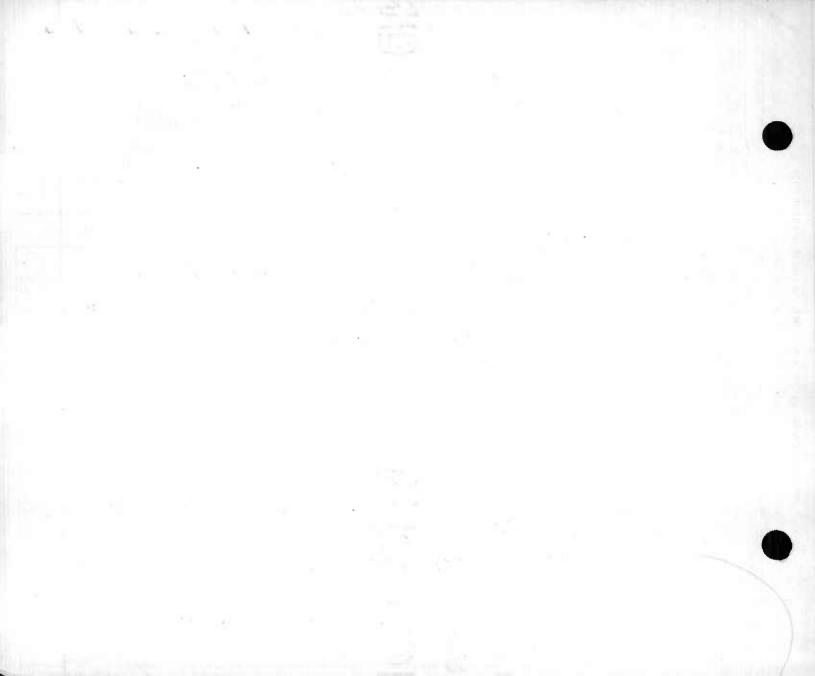
Pry Hagerstown, Wash., Maryland.

AUG 0 9 1979

Hagerstown, Wash., Maryland.

AUG 0 9 1979

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A.K. Coffman Funeral Home, Inc. Hagerstown, Md. AUG

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DHMH - 16 50M 1/76

(VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 highthe State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

medical examiner must be natified at ance

| 1 | FOR STATE REGISTRAR | DEPARTA | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIEVE 9 2 0 | 980 |
|---------------|---|---|---|---|--|
| | DECEASED NAME FIRST | WIDDLE | LAST | | AY YEAR 26 HOUR |
| | Charle | | Hutzell | 10 | 979 /: NON |
| 3 | SEX | 4 RACE | 5 DATE OF BIRTH | | FUNDER 1 YEAR IF UNDER 24 FRS |
| - | Male | White | February 18, 1 | INU | |
| 5 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U.S.A. | MARRIED MEVER MARRIED WIDOWED DIVORCED | Washington (| |
| 10 | Hagerstown | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) | G HOME OR OTHER INSTITUTION ADORESS) Sia Avenue | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE | 12b. KIND OF BUSINESS OR |
| 5 M | aryland Was | n other institution give residence before NTY hington Hagers | Stown 13d INSIDE CITY LIMITS? | 709 Georgia | |
| | FATHER'S NAME William | MIDDLE Hutzel | 15 MOTHER'S MAIDEN N Bessie | AME MIDDLE | Md. Mellott |
| 1 | WAS DECEASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) | RITY NO. 17. INFORMANT | ADDRESS | |
| | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE | nly one couse per line for 101, 1b , one | dic | | BETWEEN ONSET AND DEATH |
| | | DUE TO, OR AS A CONSEQUE | Mary Tophyse projemse MCE OF | no with | Louis |
| 2 | | CONDITIONS CONTRIBUTING TO E | DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVE | N IN PART 110 |
| NOTA DISTRICT | 19a DATE OF OWN AVAILABLE | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED VING CAUSES OF DEATH? |
| | OR CONTRIBUTING TO CALLES OF DE | P.M. | AY YEAR . | RRED (ENTER NATURE OF INJURY IN ITEM 18, PA | RT 1 OR PART 2) |
| MEDICAL | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | ARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | sow the deceased alive ar | ital) attended the deceased from | 7 9, and that in (my) (our) apinion | 79 , to 8 , 123 , 1 n death accurred on the date and hour | 9 79 , that (I) (we) last and from the causes stated |

BP DHMH - 16 50M 1/76

(VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL SPECIFY Burial

Rest Haven Funeral Chaper, Inc., Hag.,

23b. DATE 8-23-79

Rest Haven Cemetery Hagerstown; Wash., Md. REGISTRAR 256. REGISTRAR'S SIGNATURE

MdAUG

ATTENDING PHYSICIAN

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

CONTRACTOR OF THE PROPERTY OF 7 Down wile offer. AND AND AND STREET, CARLES OF THE SECOND STRE

and the second of the second o Aller and the second se A TELL SHE TO THE WORKSHIP STEELS SHE The state of the s But the state of t Edward Commencer of the Commencer of the

Minnich Funeral Home

Wilson Blvd., Hagerstown, Md. 21740

126 KIND OF BUSINESS OR

Co.Health Dept

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

INDUSTRY

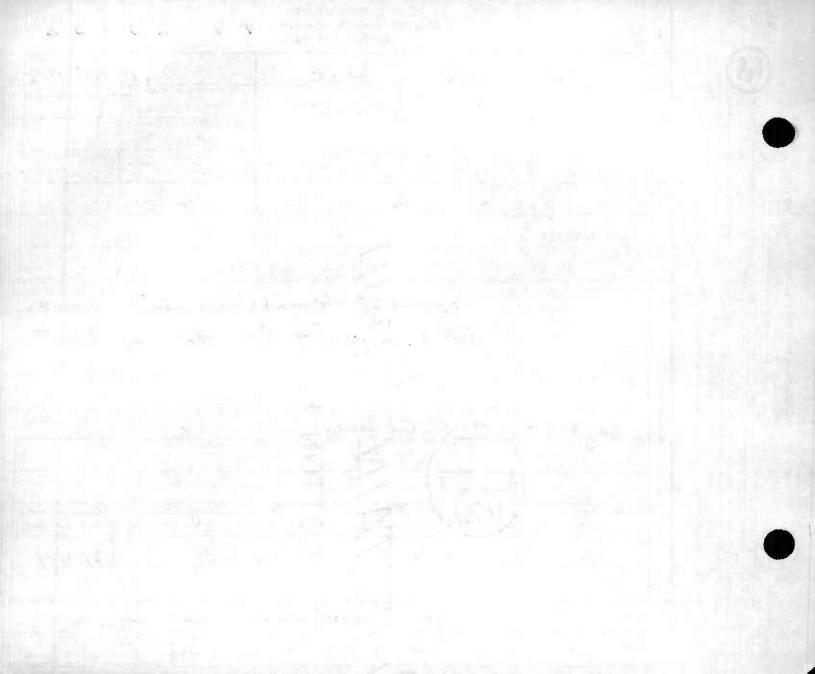
COUNTY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

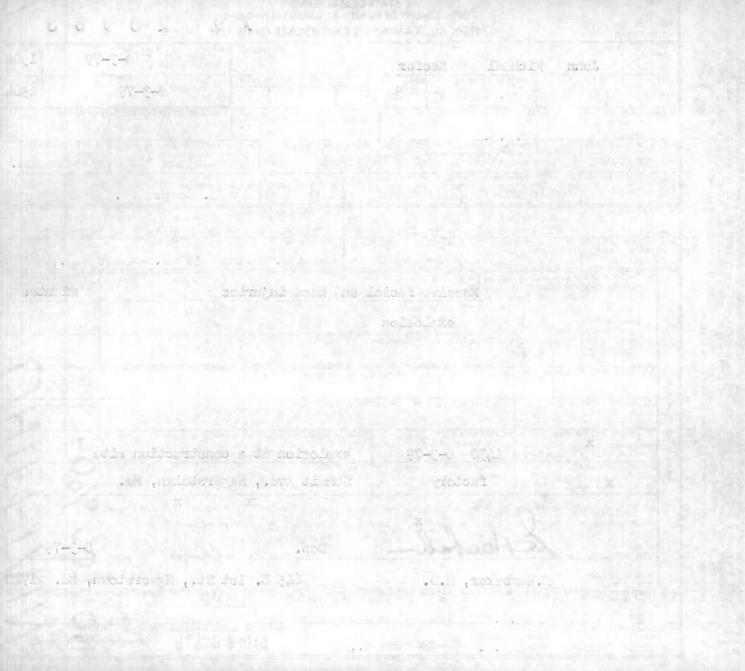
22c. DATE SIGNED

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR



| | 1- | FOR STATE | | | | | MENT OF | HEALTH | | ENTALH | | | 2 | 0 | 9 | 8 3 | 5 |
|----------|-----------------------|-------------------------------|---|---|-------------------------------|-------------|---------------------------------------|---------------|--------------------|----------------|-----------|--------------------------|---------------------------------|----------|--------------|--------------------------|-----------------------------|
| でで | | REGISTRAR CEASED NAME | FIRST | | MEL | MIDDLE | EXAMI | VEK 3 | LAST | CATE | TUEA | | REG | NO. MO | NIH [| DAY YEAR | 2b. HOUR |
| ı | [148 | E OR PRINT) | John N | Michae | 1 | Ke | efer | | | | 6.0 | OF | ESTI- MATED | C C | -3-7 | 19 19 | 1504 |
| 1 | 3. SEX | | Mhite | 5. DATE OF MONTH Dec. | | 19 59 | 6. AGE (IN Y LAST BIRTHE 19 | EARS IF UN | NDER 1 YR. | IF UNDER | 24 HRS. | îc. DAT PRONOU DEA | NCED & | -3-7° | 9 | DAY YEAR | 24. HOUR 1504 |
| 2 | | RTHPLACE (ST | ATE OR | 7b. CITIZEN | OF WH | AT COUN | | T a | IED NE | VER MARRI | ED KX | | | Y OR CO | UNTY | OF DEATH | |
| 5 | | lahoma | | U.S. | Α. | | | WIDOW | VED 🗆 | DIVORC | ED 🗆 | | shin | | | | MD. |
| 1 | На | gerstov gerstov | n | Wash. | ingto | on Co | RSING HOM STREET ADDRESS) DUNTY | Hospi | ier institu tal | JTION | FOR A | OST OF WO | PATION PRKING LIFE) LTACE | | | or indus Bever | rRY |
| 1 | USUA 13a S Ma | TATE ryland | IF IN NURSING HOME OF IN NURSING HOME OF INC. | rother instituted in the state of the state | UTION, GIVE | 113c. CITY | OR TOWN | | 13d. INSIDE | ITY LIMITS? | 13e SIR | ET ADDR | Ess Locus | st St | | | |
| | 14. F/ | THER'S NAME | | MIDDLE | 12.5 | | LAST | | 15. MOTH | ER'S MAIDE | N NAME | | MIDDLE | | | LAST | |
| - | 16a. V | nald VAS DECEASED | EVER IN U.S. ARA | Imore | S? | Ke | eefer | Y NO. | Loe | na | | | heri | | G | earhar | t |
| | n | es, no, or unkno | (IF YES, GIVE | WAR OR DATES) | | | -50-47 | 57 | Leon | a C. (| Garri | sh 1 | 13 N | . Loc | ust | | Md 217 |
| | 7 | 18 CAUSE OF | DEATH (Enter onl | O BY: | Ma | | e faci | al ar | nd hea | ad ini | າກຸ່ອ | 5 | | 115 | | APPROXIMA BETWEEN ONS | TE INTERVAL ET AND DEATH |
| | 7 | 923 | 9 IMMEDIAT | TE CAUSE (a | - | | SEQUENCE | | - 11CC | ل مسد سم | | | CIT | | | 415444 | 2000 |
| | 4 | | s, if any, which | (b) | | exp | losion | | | | | | | | | | |
| | | | stoting the under- | DUE | TO, OR A | AS A CON | SEQUENCE | OF | | | | | | | | | |
| | Z | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING T | TO DEATH 81 | UT NOT RELA | TEO TO THE TER | MINAL DISEASI | E OR CONDITIO | N GIVEN IN PAI | RT 1 (a). | All Circ | | | | | |
| 1 | MEDICAL CERTIFICATION | 19a. DATE OF | OPERATION | 19b. (| CONDITI | ON FOR | WHICH OPE | RATION W | 'AS PERFOR | RMED? | | | | | 12 | 20. AUTOPSY | ? |
| 2 | TIFIC | | | | | | Tile of | | | | | | | | | YES | NO 🐣 |
| 1 | CER | 210. EXTERNA | | | TIME OF I | MONTH | DAY YEA | R | | OCCURRE | | | | | | | |
| | ICAL | CONTRIBUTION 21d. INJURY O | G CAUSE OF | DEATH 1 | 430 | 8-3 | -79 19 | (| explos | sion a | ta | const | truct | ion | site | | |
| | MEC | WHILE AT WORK | NOT WHILE C | STA | PLACE OF REET FACTO TAC | tory | (AT HOME. | 211. 10 | Summit | Ave. | , Ha | gers | tolwn | , Md | COUNTY | | STATE |
| | | | y that I taak charg | e of the remo | | | | Autap | sy 🔲, | Inspection | X, | Inquiry | 2 | and in m | y opinic | on | |
| | | death resulte | d from: Natur | a couses L | 1. | Accident |), Si | icide | | | Undete | rmined m | anner L |], | | | |
| | | ACTUAL SIGNATURE_ | , l | 5/1 | au | bal | h | м | Der Der | PECIFY) | MEDI | CAL EXA/ | MINER | DA SK | ATE GNED_ | 8-3-7 | 9 |
| GE A SHE | | EXAMINER'S I (TYPE OR PRIN | NAME E | .Hawba | ker, | M.D | • | | ADDRESS_ | 645 E | . 1s | t St. | , Hg | aers | town | n, Md. | 21740 |
| 1 | 23a. Bl | JRIAL, CREMAT | ION, REMOVAL 2 | 3b. DATE | | 23c. 1 | NAME OF CE | METERY O | R CREMAT | ORY | 23d. LO | CATION | | | COUNTY | S | TATE |
| | 24 51 | buria | | Aug. 6, | 1970 | Ce | dan La | awn Mo | emori | al Par | На | gers | town | Was | hip | rken M | |
| | 11 | NAME | uneral Ho | ome D | ADDRESS | | | | | Z30. DATE R | LUG O | 6 19 | AR 1236. R | Lossie | Frays | Mrs. Cu | ody |
| | USI | orne f | uneral H | ome P. | . U. E | OX 3 | eo wiiis | sh re | Mu | * | TUU | 0 10 | P | | 1 | Street, and the | 1 |



TO FUNETAL DIRECTOR. After this cert is case to seen signed by the attending physician and completely filled in by the funeral director, page 3 hours after death the interpret of the first the place of the control of the first page. I and 2 should be filed within 72 hours after death

and Mental Hygiene prior to burial, cremation, ar remaval.

marked or mem 18 shows ony

should be idetached for use or with the State Dept. of Health

IMPORTANT, II IM

injury, or other troumatic event, the medical examiner must be notified of once.

may be

STATE OF MARYLAND

| 9 | 2 | 0 | 9 | 8 | |
|---|---|---|---|---|--|
| | | | | | |

| | 1- | FOR STATE REGISTRAR | | | DEPARTA | | | ID MENTAL HYC F DEATH | | 2 EG. NO. | 0 9 8 | 3 4 |
|---|---------------|--|-------------------------|------------------------------|---|-------------------|-------------|------------------------------------|---|--------------------|---|--|
| | | CEASED NAME OR PRINT) | FIRST | | MIDDLE | · · | AST | m/ 15.44 | 20. DATE OF DEA | | DAY YEAR | 26. HOUR |
| | | | HATTIE | Garf: | ield | | EENEY | | August | 31 | 1979 | 3DM |
| | 3 SE | X | | 4 RACE | | 5. DATE C | | Y YEAR | 6 AGE (IN YEARS L | AST BIRTHOAY) | MONTHS DAY | |
| | Fe | emale | | White | | June | 17 | 1883 | 96 | YI | RS. | |
| 5 | C | IRTHPLACE (STATE OUNTRY) | OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | MARRIEI WIDOWE | | ER MARRIED DIVORCED | | | County, | MD. |
| 1 | 10. CI | onsboro | DEATH | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET S Memori | ADDRESS) | | NSTITUTION | 120. USUAL OCC (TYPE OF WORK FOR Homemake | MOST OF WORKE | 126. KIND INDUSTR HO | |
| 5 | 13a. S | AL RESIDENCE (IF | 186 COUN | | GIVE RESIDENCE BEFORE 13c. CITY OR TOW Frederic | N | 13d. INSID | PE CITY LIMITS? | 13e. STREET ADD 312 W. | | k Stree | t |
| / | 14 FA | ATHER'S NAME FIRST | | MIDDLE | LAST Potts | | 15. MOTH | ER'S MAIDEN NA FIRST Elizabe | MI | DOLE | Mil: | ler |
| | | VAS DECEASED E | VER IN U.SNOR | AFD FORCES? | 166 SOCIAL SECU | RITY NO. | 17. INFOR | | | 5408 | Old Nati | onal Pike |
| | (| NO OR UNKNOWN | ZXXX | MERKEN | 214-54-0 | 636 | Mrs. | Reverdy | Keeney, | Brada | rick Ma | ryland |
| | | Conditions, if gave rise to cause (a), s; underlying co | immediate tating the | (b) | R AS A CONSEQUE | 4-th | eri | nd | erosi | 2 | ys | iors |
| | Z | PART 2 OTHER | SIGNIFICANT (| CONDITIONS CO | ONTRIBUTING TO E | DEATH BUT | NOT RELA | TED TO THE TERM | AINAL DISEASE OR | CONDITION | GIVEN IN PART | 1(a) |
| 2 | CERTIFICATION | 19a DATE OF OP | ERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PE | RFORMED | 200 AUTOPSY | INCE | FYES, WERE FIND ERTIFYING CAUSI YES | |
| 9 | | 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A | CAUSE OF DEA | 216. TIME O HOUR A. P. | M. MONTH DA | YEAR | 21c HOV | V INJURY OCCUR | RED (ENTER NATURE | OF INJURY IN ITEM | A 18, PART 1 OR PART 2) | |
| | MEDICAL | 21d. INJURY OCC | OT WHILE | 21e. PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 21f LOCA | ATION EET | CITY | ORTOWN | COUNTY | STATE |
| b | | sow the dec | eased alive on | 17 . 20 | e deceased from | 9, an | d that in (| my) (our) apinion | death occurred an | the date and | hour and from th | n, that (I) (we) lost the causes stated |
| | | 22b. SIGNATURE | les ! | 3 W | ierer ! | m | DEGREE | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR P | STAFF PHYSICIAN | | TE SIGNED |
| | | ChAS | NAME (TYPE O | RU | recer | MD. | Be | + 173 | Myer | sil | llima | 12173 |

231. NAME OF CEMETERY OR CREMATORY

BP.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL Burial Sept 4,1970 Frederick Mem.
Smith, Padeley, Keeney & Bastord Funeral Home
106 Bast Church Street, Frederick, Maryland Frederick Mem. Park

IJE DATE

23d. LOCATION
CITY OR TOWN
Frederick STATE

Frederick

250. DA PEDD BY REGISTAL 256. REGISTAL

DHMH - 16 50M 7/77 (VR A 15 (4))

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| Seest a | 312 W. Patric | Z. | zio i i i i i i i i i i i i i i i i i i | Trederick | baniyas |
| mailik Dominia kuntuk di Dominiak kalendariak | | 1: v | 8:214-5-7053 | 510 78 - 7-12 | verbea No |
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| 1 ,1 ,2 ,2 | × | | | | |
| WELLW I | Labour (N. 8 | | HEND A. | | |

| | 1. | FOR STATE REGISTRAR | DEPAI | ETMENT OF H | E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH | GIENE 9 | 2 0 | 985 | |
|--|---------------|--|--|--------------------|---|--|----------------------|--|------------|
| (B | | CEASED NAME FIRST | WIDDLE | | LAST | 20. DATE OF DEATH | MONTH DAY | YEAR 26. HOUR | 2 |
| 78 7 | | | ISTUS A. |] | KERNS | AUGUST | 6,1 | 979 1:25 | ; pv |
| / | 3. SE | X | 4 RACE | 5. DATE (| | 6. AGE (IN YEARS LAST BIR | | UNDER 1 YEAR IF UNDER 2 | MIN. |
| | N | MALE | WHITE | OCT | . 30,1910 | | 68 YRS. | NIII DAIS MOOKS | Milia |
| uc. | 100 C | IRTHPLACE ISTATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTR | Y? 8 MARRIE | XXNEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY O | FDEATH | |
| ÷ | - | RYLAND | U.S.A. | WIDOWI | ED DIVORCED | | | INGTON | MD |
| fied | 10. C | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR | | OR OTHER INSTITUTION | 12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST | | 126 KIND OF BUSINES | SS OR |
| 100 | | NCOCK | 167 W.MAIN | | | WELDER | | PANGBORNI | E |
| must be | 13a S MA | ARYLAND WAS | THE OR OTHER INSTITUTION, GIVE RESIDENCE BE DUNTY 131. CITY OR TO HANC | NWC | 130. INSIDE CITY LIMITS? | 13e STREET ADDRESS 167 WEST | MAIN | STREET | |
| ain a | 14. FA | ATHER'S NAME FIRST | MIDDLE LAST | | 15 MOTHER'S MAIDEN NA | | | LASI. | |
| Exo2/1 | | JAMES | NMI KER | | BERTHA | NMI | | HARTLEY | |
| e medica | | NAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES, NO | ARMED FORCES? 166 SOCIAL SE n/a | CURITY NO. | MRS. WREATH | A KERNS | | AS 13 | |
| emotion, or removal. er traumatic event, th | | PART I. DEATH WAS CAL | DUE TO, OR AS A CONSECULATION OF ASSAULT OF THE PROPERTY OF TH | ry Oc | clusion | | | APPROXIMATE INTERVENCE AND COLOR IMMEDIATE | e |
| or other | | couse (a), stating the underlying cause last. | Hyper | | | | | 6year | |
| prior to buriol, ony injury, or o | NO | PART 2 OTHER SIGNIFICAN | NT CONDITIONS <u>CONTRIBUTING T</u> | <u>O DEATH</u> BUT | I NOT RELATED TO THE TERA | ainal disease or con | IDITION GIVEN | I IN PART I(a) | |
| shaws ony | CERTIFICATION | 190. DATE OF OPERATION | 19b. CONDITION FOR WHI | CH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | | VERE FINDINGS USED NG CAUSES OF DEATH NO | H? |
| Item 18 sha | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EJTHER, NOTIFY MEDICAL EXAME | FDEATH HOUR A.M. MONTH | DAY YEAR | | RED (ENTER NATURE OF INJU | JRY IN ITEM 18, PART | T 1 OR PART 2) | |
| morked or | MEDICAL | 21d. INJURY OCCURRED WHILE OF WHILE OF AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFN | | 211. LOCATION STREET | CITY OR TO | wn | COUNTY STA | ATE |
| ept. of Health Item 21 is mort | | 22a.1 certify that (1) (No. 1) saw the deceased alive abave, (1) (a.a.) (dia 22b. SIGNATURE | on 7-16-19 d nat) view the body after death. | | nd that in (my) (arr) opinion DEGREE | death accurred an the c | late and haur o | | los ted |
| t H | | FRITTE | - 10 m10 | | 4775.454.5 | MEDICAL STA | FF _ | | |
| * | | 1 / 1 / 1 / 201/2 | | | DLIVCICALA | | | 1 8 - 7 - 70 | |
| PORTANT: IF | 1 | 22d. PHYSICIAN'S NAME (TY | (PE OR PRINT) | | PHYSICIAN 22e. ADDRESS | DIRECTOR PHYSI | CIAN | 8-7-79 21750 | |

23c. NAME OF CEMETERY OR CREMATORY

MEM. PARK

DHMH-16 60M 1/73 (VR A 15 (4)) had Dlove Hundred Md

236. DATE

230 BURIAL, CREMATION, REMOVAL

BURIAL

23d. LOCATION COUNTY STATE HAGERSTOWN, WASHINGTON, MD.

meisukona trattenet

Immediate

In year

Cycer

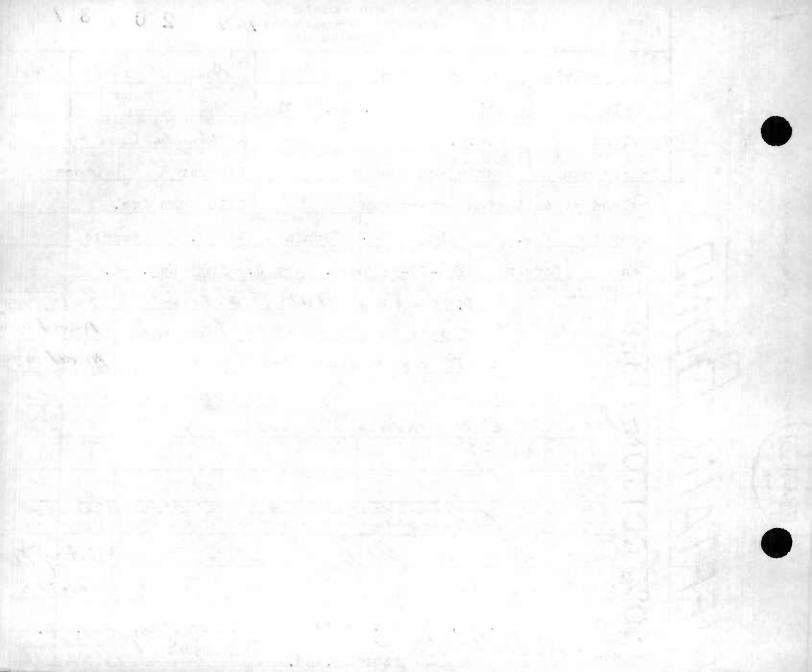
9-7-20

Frank . Tipres, III, . L. . I. . Iwo Tonolowsy, ancook, larviand

nolanos arey

C P C C C C A SAME AND A SAME AND ASSESSED OF THE COLUMN TO SAME medanitar file The large of the contract of t The Lord Horantes Lotte & The Bridge Horange Horange Horange Maritim H. maring Search -- Mining to Street 18 (secularity made) as a second second La Maria de la Carta de la Car

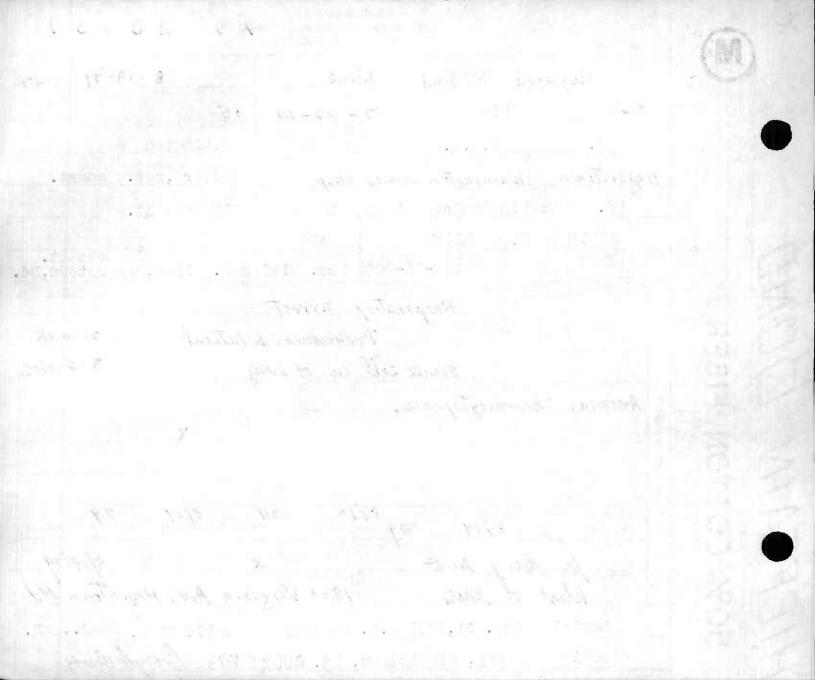
| 10 | 1- | FOR STATE REGISTRAR | | DEPARTMENT OF | E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH | YGINE 9 | 2 0 | 98 | 7 |
|---|---------------|--|---|-------------------------|--|--|----------------------|-------------------------------------|--------------|
| e ω ξ | | CEASED NAME FIRST OR PRINT) | WIOOFE | | AST | 20 DATE OF DEATH | MONTH | 1979 | / 150 |
| ay be soge 3 deoth | 3. SE | Melvin | Eugene La RACE | King | DE BURELL | rug | 11 | | OM |
| 4 2 4 | 3. SE | | | S. DATE (| DAY YEAR | 6 AGE IN YEARS LAST I | SIRTHDAY) | | UNDER 24 HRS |
| Page direction | 70 01 | Male RTHPLACE (STATE OR FOREIGN | White | Jan. | 35 | 48 | YRS | 105551711 | |
| Geoth. F | C | ryland | U.S.A. | MARRIE | DE NEVER MARRIED (| W28ham | -, | oun ty | MD. |
| ofter of the full | | agers town | (IF NOT IN SUCH FACILITY | | OR OTHER INSTITUTION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS Laborer | T OF WORKING LI | 126 KIND OF B INDUSTRY Dres | |
| 2120 2120 hours hours lin b be fil | | AL RESIDENCE LIF NURSING HOME O | R OTHER INSTITUTION, GIVE RES | DENCE BEFORE ADMISSION) | | | | Dies | 3 |
| AND 2 n 24 h filled hould b | Ma | ryland Was | | yortown agers town | | 1116 Ku | hn Av | ℮. | |
| with: | 14 FA | THER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN N | MIDDLE | | LAST | |
| M bet on | _ | | | ing | Jennie | I. | | eddle | |
| BALTIMORE, cate be execu- ysicion and ca- you you the medical | 13 | | /E WAR OR DATES) | CIAL SECURITY NO. | 17 INFORMANT | | RESS | | |
| on a s. Po | | Yes Kor | ean 21° | 7020-2247 | Mrs. Mary | J. King | Hag. | | |
| ST., ertific g phy son po remo | | 18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS) IMMEDIA | ED BY: TE CAUSE (0) V DUE TO, OR AS A (| em (2) | L Maln | etrition Ct | 7 | BETWEEN ONS | 4 1979 |
| . PRESTON the death c the attendin the attendin temove core emation, or | | Conditions, if any, which gave rise to immediate | | ircina | | + 210m | ach | 1754 | 14 1979 |
| ol W. P that the d by the lease rer iol, crem | | couse (0), stoting the underlying couse lost | DUE TO, OR ASSA | EXTEN | sive m. | etastas | 15 | April | 1 1979 |
| y. y. | NO | PART 2 OTHER SIGNIFICANT | C /- | TING TO DEATH BUT | NOT RELATED TO THE TE | 1 / | NDITION GIV | PART NO PART NO | حری د |
| RECORDS low requi | CATIC | 196 DATE OF OPERATION | | OR WHICH OPERATIO | - 10 | 20a AUTOPSY? | 20b. IF YE | S, WERE FINDING: FYING CAUSES OF | SUSED |
| AL AL | CERTIFICATION | 19/10x1/197 | | cinomi | | 4 YES NOW | YE | S 🗍 | NO [|
| SICIAN: The g physicio certificate h rinol-tronsit pental Hygies ental Hygies litem 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ~ | ONTH DAY YEAR | 21c. HOW INJURY OCCU | JRRED ENTER NATURE OF IN | JURY IN ITEM 18, F | PART 1 OR PART 2) | |
| PHYS rendir this of he bund Mud Mud Mud Mud Mud Mud Mud Mud Mud Mu | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJU | | 211 LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| DIVI TENDING TOR After TOR After or use as I or use as I | | 22a. I certify that (I) (this book sow the deceased alive of above, (I) (we) (did) (dud) | | | 19 19 19 de that in (my) (vor) apinis | , , , | | 19 | |
| OR AT DRECI DOCHED DEFINE DEPT. | | 22b SIGNATURE | ot) view the body offer de | | DEGREE ATTENDING | A MEDICAL ST | AFF | 22s. DATE SE | |
| = _ + 0 | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | vock 11 | PHYSICIAN 22e ADDRESS | DIRECTOR PHYS | SICIAN [| 11170 | 917 |
| TO HOSPITAL etained by 1 TO FUNERAL should be de with the Stati | | /ronk | E Brun | nback | | ing Str | eet | Hagers | town |
| BP | (: | urial, cremation, removal Burial | | | EMETERY OR CREMATOR | CITY OR TOWN | | COUNTY | STATE |
| DHMH - 16 50M 1/76 | | INIBERAL DIRECTOR | Aug. 14. | . / | Pauls 250. D | ATE REC'D. BY REGISTRA | ring R 236. REGIS | MAR'S SIGNATUR | Md. |
| (VR A 15 (4)) | T | nompson Fune | E Lhom | Clearspr | | AUG 1519/ | 9 1 | stra les | Uready |



| | 1- | FOR STATE | | | | MENT OF HE | | MENTAL | | | 2 0 | 9 8 | Я | |
|---|-----------------------|--|--|--------------------------|-------------------|----------------------|-------------------|----------------|-------------|--------------------|------------------|---------------|--------|----------------|
| | | REGISTRAR | | WEI | | EXAMINER | | ICATE | OF DEA | TH R | EG. NO. | , 0 | V | |
| | | CEASED NAME PE OR PRINT) | | | MIDDLE | | LAST | | | 20. DATE KNO | SA W | 06.26 | 14979 | POP! C |
| ASE OR. ES. ET, | | | Raymon | | enni | | | KING | 745 | DEATH MAT | | 19 | 9 | M |
| # 5 - 모든 | 3. SE | X | 4. RACE | 5. DATE OF BIRTH | YEAR | | MONTHS DAYS | R. IF UNDE | R 24 HRS. | 20 DATE | 4OM | OC 10 | YEAR | 2d HOUR |
| RY BY | | ale | white | Sept. 12,1 | .950 | 28 YRS. | MONTHS DATS | HOURS | MIN. | PRONOUNCED DEAD | | | 7 | 9:44P |
| | 7a B | IRTHPLACE (ST | TATE OR | 76. CITIZEN OF WH | IAT COUN | VTRY? 8. | ARRIED | VEVER MARI | RIED T | 9. BALTIMORE | CITY OR CO | UNTY OF DE | ATH | |
| N 300 | Ma | aryland | | USA | | | DOWED - | DIVOR | - | Washi | ington | | | MD |
| P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 10 C | ITY OR TOWN | OF DEATH | 11. NAME OF HOS | | | OTHER INSTIT | TUTION | | JAL OCCUPATION | | ORK 12b. KIND | OF BUS | INESS |
| FECORDS, 301 | Ha | agersto | wn | | | ounty Ho | spital | | PORA | NOST OF WORKING E | IFE) | metal | | |
| 75000 S | | AL RESIDENCE | (IF IN NURSING HOME O | R OTHER INSTITUTION, GIV | ERESIDENC | | | E CITY LIMITS? | 112. CTD | EET ADDRESS | | | | |
| 25 | 12.70 | arvland | | ngton | | erstown | YES X | | 455 | W. Anti | letam S | Street | | |
| ₹ | 14. F/ | ATHER'S NAME | | | | | 15. MOT | HER'S MAID | | | | | | |
| 211 | | FIRST | lvin L. | Kina | | LAST | | Mary | T | Klipp | | LAS | 51 | |
| | | WAS DECEASED | DEVER IN U.S. ARA | MED FORCES? | 16b. 50 | CIAL SECURITY NO |). 17. INFO | RMANT | | | DRESS | | | |
| | 11 | ES, NO, OR UNKNO | (IF YES, GIVE | WAR OR DATES | | | Melv | in L. | King | , Hagers | stown, | Maryla | and | |
| | | 18 CAUSE OF | F DEATH (Enter an | | APPROXIMATE INTER | | | | | | | | | |
| | 300 | PART I DE | PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) E960 INJURY INFLICTED BY FIGHT | | | | | | | | | | | AND DEATH |
| ALONG PERMI 'GIENE, | | 960 | 2 A IMMEDIA | | AS A CON | SEQUENCE OF | IN | OFED | | | | | | |
| N SI P | 6 | | Canditions, if any, which gave rise to immediate (b) SEVERE SKULL FRACTURE WITH MASSIVE APPROX | | | | | | | | | | | |
| TRA REW | | cause (a) | stating the under- | | AS A CON | SEQUENCE OF | ONOLL | FIXAUI | JKE W | III MASS | IVE | APPR | (OX | LO HRS |
| OR | 9 | lying caus | lying cause last. (c) BRAIN INJURY AND HEMMORHAGE | | | | | | | | | | | |
| CREMATION, | | PART 2 OTHER SIG | SHIFICANT CONDITIONS | CONTRIBUTING TO DEATH B | UT NOT REL | ATEO TO THE TERMINAL | DISEASE OR CONOIT | ION GIVEN IN P | ART 1 (a). | | | | | |
| F HEALTH | NO | | 1 1 1 1 1 1 | | | | | | | | | | | |
| OF HEA | TY | 19a. DATE OF | OPERATION | 196. CONDIT | ION FOR | WHICH OPERATION | N WAS PERFO | DRMED? | F. 3 | | | 20. AU | TOPSY? | |
| AL, | F | Corne | | | | | | | | | | YES | s 😥 | NO 🗆 |
| 2 | CER | | L CAUSE WAS | 21b. TIME OF | INJURY | 547 7545 1 | lc. HOW INJUI | RY OCCURR | ED (ENTER N | ATURE OF INJURY IN | ITEM 18 PART I C | | | |
| PRIOR TO BURIAL, | MEDICAL CERTIFICATION | UNDERLYING CONTRIBUTIN | OR CAUSE OF E | DEATH P.M. | AUG | 26 19 79 | ATTACH | 4 DURI | NG RO | BBERY | | | | |
| SOR | EDIC | 21d. INJURY O | | 21e PLACE O | F INJURY | (AT HOME, 2 | f. LOCATION | | | AGERSTO | wN . W | ASH. | | Moisie |
| 21201 PR | E | AT WORK | NOT WHILE AT WORK | STREET, FACTO | T AND | ALLEY | STREET 400 | BLOCK | | ANTIET | | COUNT | | मान्द्री हैं।E |
| 7.17 | | | | e af the remains desc | rihad aha | we held an | utapsy X, | | | | | | -10 | 70.00 |
| | | | | | | | | Inspection | | Inquiry . | and in m | y apinian | | |
| ARYLAND, | | death resulted from Notural causes , Accident , Suicide , Hamicide , Undetermined manner , | | | | | | | | | | | | |
| X A Y | | ACTUAL COURS (DECIFY) | | | | | | | | | DA | ATE A.L. | 107 | 8 100 |
| BALTIMORE, MA | | SHANAVURES | M.D. DEPUTY MEDICAL EXAMINER SIGNED AUGUST 28, 197 | | | | | | | | | | | |
| M | _ | EXAMINER'S NAME EDWARD W.DITTO, III, M.D. 217 W. WABHINGTON ST. HAGE | | | | | | | | | GERSTO | WN,M | D. 9 | |
| BALT | 23a. B | | TION, REMOVAL 2 | 3b DATE | 23, 1 | NAME OF CEMETE | ADDRESS | | 123d LO | CATION | | | | |
| | h | urial | | Aug. 29, 197 | | Rest Hav | | | CITY | gerstown | n Maci | h Mar | STAT | E DO |
| | | UNERAL DIREC | | ich Funera | | | ar cente | | | REGISTRAR 251 | | | | Id |
| 17 E (5)) | 1 | 15 E W | | vd., Hager | | | 1740 | AUG | 2 1 1 | 979 / | intry, | Mc Crea | Sho . | |
| SM 7/77 | u =. | VV. | TT TACET TOTAL | vue / HIUMCI | | rack able a | - / 10 | 1 (3) 117 | 4) | 7/7 // | . / | | 1 | |

THE REST OF THE PARTY OF THE PA 8 6 S S S Na Violation and Date of the State EM CONTRACTOR OF THE PARTY OF T ATTO LOVE SOLD THOUGH AND THE PROPERTY OF THE PROPERTY O THE STATE SAVE OF THE SAVE OF TUATE TO THE TARREST OF THE TARREST TARRESON ENITHOUS PORTER OF THE PROPERTY HEART TOWN, WALLE T CST A THE CORP CONTRACTOR HI (18 TOURNESS OF THE STORY OF FOR

STATE OF MARYLAND



| | 1 - | FOR STATE REGISTRAR | | | | ARTMENT | OF HEALTH A | ND MENTAL | | | REG. NO | | 0 | 9 | 9 0 |) |
|------------------------|---------------|---|---------------------------|------------------|-------------------------------|----------------|----------------|-------------------------|------------|---------------------------|-------------|--------------|------------------|----------------|-----------------------|-------------------|
| | | EASED NAME | John John | | sell | KNO | WLTON | | 2 a | July | | . 19 | 0AY 179 | YEAR | 26. HOU | JR |
| 3 | 3. SEX | | 4 | RACE | | | ATE OF BIRTH | AY YEAR | | GE IIN YEAR | | | | DER I YEAR | IF UNDER | R 24 HR |
| | | male | | white | .00 | | ug. | 189 | 7 | 32 | 81 | YRS | | S OATS | WOORS | , mi |
| 107 | 7e. BIF | THPLACE (STATE OR FOUNTRY) IN . J . | OREIGN 71 | USA | WHAT COUP | M | ARRIE NO | VER MARRIED DIVORCED | | Wash | | _ | TY OF D | EATH | | |
| 90 | 10 CI | YORTOWN OF DEA Hagersto | - 4 | | CH FACILITY, GIVE | STREET ADDRE | ome or othe | | | USUAL OC PE OF WORK FO | OR MOST O | | LIFE IN | NOUSTRY ed. | OF BUSINE | |
| 82 | USUA 13a S | RESIDENCE (# NURS | | THER INSTITUTION | GIVE RESIDENCE | BEFORE ADMI | SSION) 13d INS | DE CITY LIMIT | 15? 13a | STREET AD | | eld | | | 901 | |
| 21 | 4 FA | HER'S NAME John | | DDLF | nowlto | 1 | | HER'S MAIDER | | | MIDDLE | | Sta | (A | ST | |
| | | AS DECEASED EVER | | ED FORCES? | 166 SOCIAL | | NO. 17 INF | RMANT | | _ | ADDRE | | Dea | .55 | | |
| 3 | (4) | S, NO OR UNKNOWN) | (IF YES, GIVE W | VAR OR DATES | 123-09 | 9-9257 | Mrs | Edith | Know | vlton | Ber | ryvi | lle | , Va | . 226 | 511 |
| | NOI | Conditions, if any, gove rise to immrcouse (a), statin underlying cause | nediate ag the last | (b) | R AS A CONS | SEQUENCE | OF | ATED TO THE | TERMINA | L DISEASE C | OR CONI | DITION G | IVEN IN | PART I | ear | _ |
| 9 | CERTIFICATION | % DATE OF OPERA | TION | 196 COND | ITION FOR W | HICH OPER | PATION WAS F | ERFORMED | | YES N | 40 🗌 | IN CERT | TIFYING YES [| CAUSES | NGS USER S OF DEAT | TH? |
| - / | | 2) B. ACCIDENT WAS UNCOR CONTRIBUTING (IF EITHER, NOTIFY MEDIC | CAUSE OF DEATH | | | DAY ' | | W INJURY OC | CCURRED | (ENTER NATUR | RE OF INJUR | Y IN ITEM 18 | B, PART 1 O | R PART 2 | | |
| | MEDICAL | WHILE NOT WE AT WORK | HILE C | | OF INJURY REET, FACTORY, C | FFICE, FARM, E | 211 LO | TREET | -0 | C | ITY OR TOW | N 1 | cc | DUNTY | ST | TATE |
| A 21 is morked of frem | | 22a I certify that (I) saw the decease above, (I) (we) (c | ed alive on_ | 2-3 | quely | rom 79 | _, and that in | ny) (aur) op: | enion deat | to 2 h occurred o | on the do | te and hi | ar 19 our and | from the | that (I) to | we) lo |
| | | 276. SIGNATURE | Qu | NO | m | , M | DEGREE | ATTENDIN PHYSICIA | NG M | EDICAL RECTOR | STAF | F IAN 🗌 | | 77/2 | SIGNED | 79 |
| MPORTANT: If Item | | 27d. PHYSIOTAN'S IN | AME (TYPE OR P | RINT | - | | 22a AC | DRESS | | | | | | | | |
| 2 | | urial, cremation, Cremation | | 236. DATE July 2 | 7,1979 | | of CEMETER | | | 13d LOCATION TO Martin | OWN | rg, I | coun West | | | are a |
| M 2 | 24 FU | NERAL DIRECTOR IN | | | | | | | | C'D. BY REG | | | | | | |



| DEPARTM | STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | iğle | | REG. NO | 2 0 | 9 | 9 | 1 | |
|-------------------------------|--|--------|-----------|------------|------|---------|--------|---------|-----|
| | LAST | 2a. DA | TE OF DE | ATH M | ONTH | DAY | YEAR | 2b HO | JR |
| CERTIFICATE OF DEATH REG. NO. | | 5:4 | 0 | | | | | | |
| | 5. DATE OF BIRTH | 6 AGE | (IN YEARS | LAST BIRTH | DAYI | IF UNDE | RIYEAR | IF UNDE | 8.5 |

1. DECEASED NAME (TYPE OR PRINT) Lloyd Wilbur 4 RACE 3 SEX Male White

NOT IN SUCH FACILITY GIVE STREET ADDRESS

76 CITIZEN OF WHAT COUNTRY?

USA

DATE OF BIRTH 2-22-1911

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

YEAR

68

MARRIED NEVER MARRIED DIVORCED

9 BALTIMORE CITY OR COUNTY OF DEATH Washington 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

DAYS

Washington Co. Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

13d. INSIDE CITY LIMITS? YES IX NO [

13e. STREET ADDRESS

15 MOTHER'S MAIDEN NAME

Ritzmann

301 Devonshire Road

laborer

Rubber Co.

BETWEEN ONSET AND DEATH

HOURS

WashingtonHagerstown Maryland 4 FATHER'S NAME Edward

I (IF YES, GIVE WAR OR DATES)

Lake 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO

Elsie 17 INFORMANT

Metcalf APP#SSummerline Drive

Hagerstown, Maryland

no 18 CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE

MONTH DAY

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

PART 2 OTHER SIGNIFICANT CONDITIONS 19n DATE OF OPERATION

21a. ACCIDENT WAS UNDERLYING

(IF FITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

Burial

OR CONTRIBUTING CAUSE OF DEATH

Conditions, if ony, which gave rise to immediate cause (0), stating the underlying cause

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22a. I certify that (1) (this hospital) attended the deceased fram saw the deceased alive on

(SPECIFY)

CERTIFICATION

MEDICAL

00

FOR - STATE REGISTRAR

TO BIRTHPLACE ISTATE OR FOREIGN

Maryland

I CITY OR TOWN OF DEATH

Hagerstown

(YES, NO OR UNKNOWN)

13a. STATE

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

bady after death

21b. TIME OF INJURY

HOUR A.M.

P.M

19

211 LOCATION

22e ADDRESS

CITY OR TOWN

COUNTY STATE

above, (1) (we) (did) (did) (and) view th

NOT WHILE

DEGREE-

YEAR

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

0

24 FUNERAL DIRECTOR

23b. DATE

8-14-79

231. NAME OF CEMETERY OR CREMATORY

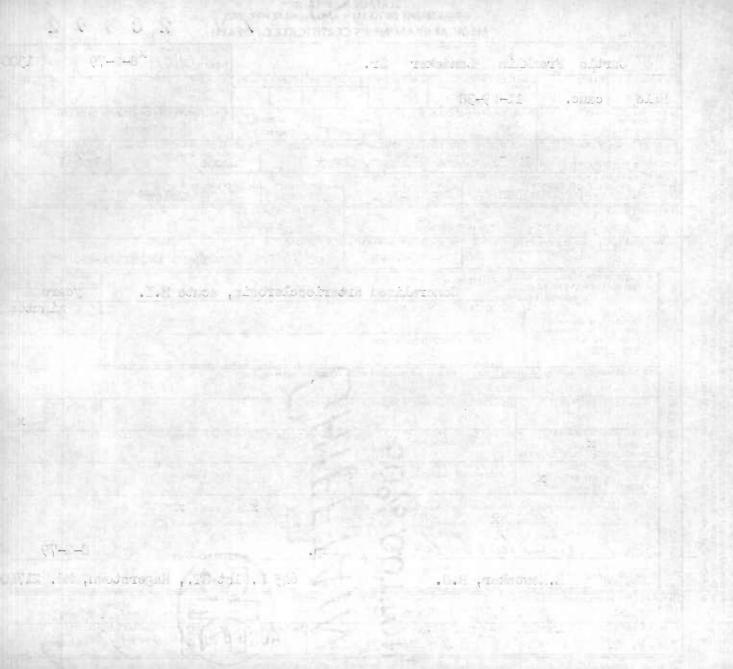
23d. LOCATION

Potomac St. Hagerstown, Maryland N. Minnich Gerald

Cemetery Hagerstown, Maryland

P (O S T (- spinisher of things on the THE THEFT INCL of daddung a resourt ferluson of notices and recorded EACH TO BEAUTI n fyr i nworatetal mungtis . 1 avd. iliyeanaayu E nyambu whiqi yad

| The Roy | 1 | | | | Tan mou | STA | TE OF A | ARYLAND | | | | | | |
|----------|---------------|------------------------------|----------------------|-----------------------|-----------------------------------|--------------------|----------------|-----------------------|------------------|-------------------------|-------------------|---------------------|----------------|--|
| John Ber | 1- | FOR STATE | | | | | | AND MENT | | VI | 20 | 99 | 2 | |
| | | REGISTRAR | | | | EXAMIN | ER'S C | ERTIFICAT | E OF DE | | REG. NO. | | 4 | |
| I | 1. DE | CEASED NAME E OR PRINT) _ | | | WIODIE | | 150 | LAST | | 2a. DATE KN | STI- | ONTH DAY | YEAR 76. HOUR | |
| ı | | Cur | tis Fra | nklin | Landa | ker S | r. | | | DEATH M | ATED | -2-79 ₁₉ | 1300 | |
| 3. 5 | (E) | | 4 RACE | S. DATE OF BI | RTH DAY YEAR | 6. AGE (IN YE | ARS IF UN | | NDER 24 HRS. | 2t. DATE PRONOUNCE | MC MC | ONTH DAY | YEAR 26 HOUR | |
| L | M | ale | cauc. | 11-29 | -38 | 40 YF | | IS OATS HOU | MIN | DEAD | | 19 | M | |
| Į | 7a. B | RTHPLACE (ST. | ATE OR | 76. CITIZEN O | F WHAT COU | NTRY? | 8 MARR | ED X NEVER A | MARRIED [| 9. BALTIMOR | E CITY OR C | OUNTY OF DEAT | TH | |
| į | M | arylan | d | USA | | | WIDOW | ED DI | VORCED | Wa | shing | ton | MD. | |
| Į | 10. C | TY OR TOWN | OF DEATH | 11. NAME OF | HOSPITAL, NU | JRSING HOME | , OR OTH | ER INSTITUTION | I 2a. US | WAL OCCUPAT | ION (TYPE OF V | WORK 12b. KIND O | | |
| | H | agerst | own | | | Villag | | ourt 2 | C | nost of working lerk | | hote | 21 | |
| į | USU/ | | IF IN NURSING HOME O | OR OTHER INSTITUTION | ON, GIVE RESIDENCE | E BEFORE ADMISSIN | ON) | 13d. INSIDE CITY LIM | 1152 13e STE | REET ADDRESS | | | ite a mil | |
| | Ma | ryland | Washi | ngton | Hage | or town erstown | | | | 1005F N | oland | Village | | |
| - | 14. F/ | THER'S NAME | | WIODIE | TAKE | LAST | | 15. MOTHER'S A | MAIDEN NAM | E MIDDI | LE. | LAST | | |
| 1 | | Jan | es Wil | | andake | er | | Hes | ter M | ae | | | | |
| Ī | 160. V | VAS DECEASED | EVER IN U.S. ARA | MED FORCES? | | CIAL SECURIT | | 17. INFORMANT | | | ADDRESS | | | |
| | | No | | | 219 | -36-298 | 12 | Bonnie | Lee L | andaker | , Hage | rstown, | Md. | |
| | | 18 CAUSE OF | DEATH (Enter an | ly ane cause pe | | | | | | HE I | 4,9,11 | | XMATE INTERVAL | |
| | | PARTIDE | ATH WAS CAUSES | D BY: TE CAUSE (a) | Gen | eralize | d ar | terioscl | erosis. | , acute | M.I. | | ars & | |
| | | 410 | mont | DUE TO | , OR AS A CO | NSEQUENCE (| OF. | | | | | 95.00 | minutes | |
| | | | s, if ony, which | (b)_ | | | | | | | | | | |
| | | | stating the under- | 11/12 | n E In I | 4 | | | | | | | | |
| | | D | | (c)_ | | | | | | | - W | | | |
| 3 | _ | PART 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO O | DEATH BUT NOT REL | ATEO TO THE TERM | INAL DISEASI | OR CONDITION GIVEN | N IN PART 1 (a). | 74 | S 050 | 1919 | | |
| _ | CERTIFICATION | 19a. DATE OF | ODERATION | liai co | NIDITION FOR | MANCH ORFO | A 7100 b 1 b 4 | 1 C DEDECOR 1 1 E D | | | | 1 | | |
|) | Ş | 170. DATE OF | OPERATION | 196. CO | INDITION FOR | WHICH OPER | ATION W | AS PERFORMED? | • | | | 20 AUTOPSY? | | |
| 6 | RTIE | 210 EXTERNA | CALISE WAYAR | 216 TI44 | E OF INJURY | | 123 177 | 2007 IN COLUMN 20 2 2 | Linnen - | | 1 1 44 | YES | □ NO X | |
| 3 | | UNDERLYING | ₩ OR | HOUR | | DAY YEAR | ZIC HO | OW INJURY OCC | UKRED (ENTER | NATURE OF INJURY | IN ITEM 18 PART 1 | 1 OR PART 2) | | |
| - | MEDICAL | CONTRIBUTIN | G CAUSE OF | | P.M. | 19 | 036.10 | CATIONI | | 314 | Lan M | 1 3 3 3 | | |
| | MED | 21d. INJURY O | NOT WHILE [| | CE OF INJURY T, FACTORY, FARM, | | | CATION | | CITY OR TOWN | | COUNTY | STATE | |
| | | WHILE AT WORK | AT WORK | | | | | | | | 200 | 14.30 | | |
| | | | y that I taak charg | of the remain | s described ab | ove, held an | Autop | sy . Insp | pection 🛣 , | Inquiry 5 | d, and in | my opinion | | |
| | | deoth resulte | d from: Neg | al couses X | , Accident | , Su | cide 🔲 | , Homicide [| Unde | termined monn | er . | | | |
| | | TITLE (SPECIFY) | | | | | | | | | | | | |
| | 1 | ACTUAL SIGNATURE | | | | | | | | | ER S | DATE SIGNED 2 | 3-79 | |
| 7 | | EV A LA INTERIO | IAME - | | | 9. 45. | | | | | | | 13 04791 | |
| | | (TYPE OR PRIN | T) E.H | lawbakeı | c, M.D. | | | ADDRESS_61 | +5 E. 1 | st ST., | Hager | stown, M | 1d. 21740 | |
| | 23a.B | URIAL, CREMAT | ION,REMOVAL 2 | | | | | R CREMATORY | 23d. LC | OCATION | | COUNTY | STATE | |
| | | burial | | lug. 4,1 | | | 11 G | emetery | | | | sh., Mar | | |
| | | JNERAL DIRECT | or Minn | ich Fun | neral He | ome | | | | PREGISTRAR D 19/9 | 25b. REGISTRA | AR'S SIGNATURE | | |
| | 41 | 5 E. Wi | lson Blv | d., Had | erstow | n, Md. | 2174 | 0 | 4000 | 0 13/3 | Just | 7/100 | Month | |



BP.

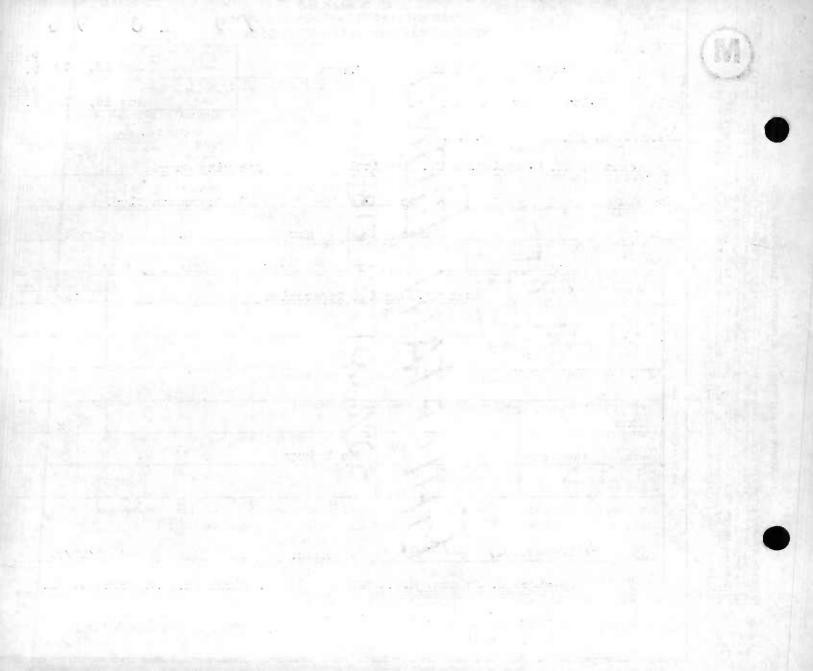
DHMH - 17 (VR A15 ME (5)) 30M 7/73

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2000

| REG | GISTRAR | | ME | DICAL | EXAMINE | R'S | CERTIFIC | CATEO | F DE | ATH REG. | NO | 1 | , 4 | |
|------------|----------------|--|-------------------------|---------------|------------------------------|-----------|---------------|---------------|-----------|--------------------------|-----------------|----------|-------------------------|----------------|
| 1. DECEA | SED NAME | FIRST | | MIDDLE | 1, 14, 4 | | LAST | | | 20. DATE KNOWN | | DAY | YEAR | 26. GOU |
| (TYPE OR) | PRINT | Ellv | boov | Will: | iam | T. | ease | | | OF ESTI- DEATH MATED | | 15, | 19 79 | P. |
| 3. SEX | | 4. RACE | 5. DATE OF BIRTH | | 6 AGE (IN YEAR | s IF UI | NDER 1 YR. | IF UNDER | 24 HRS. | 2c DATE | MONTH | DAY | YEAR | 2d HOL |
| Male | | White | May 1 | 1917 | 62 YRS | 1110111 | THS DAYS | HOURS | MIN | PRONOUNCED DEAD | Aug | | | 9:2 P. |
| To. BIRTH | PLACE (ST | ATE OR | 76. CITIZEN OF W | HAT COU | NTRY? | MARR | IED ANE | VER MARRI | IED 🗆 | 9 BALTIMORE CITY | OR COUN | TY OF D | EATH | |
| Cres | aptow | n, Md. | U. | S.A. | | WIDOV | VED | DIVORC | ED 🗆 | Wash: | ingto | n | | M |
| 10. CITY C | OR TOWN (| OF DEATH | 11. NAME OF HO | ACILITY, GIVE | STREET ADDRESS) | | | TION | | MOST OF WORKING LIFE) | | 12b. KIN | ND OF BUS | SINESS |
| | | | Washing | | | | L | | Sec | urity Guar | d | <u> </u> | | |
| 13a. STATE | | IF IN NURSING HOME | OR OTHER INSTITUTION, G | | E BEFORE ADMISSION Y OR TOWN | 4) | 13d. INSIDE C | TTY LIMITS? | 13e STE | REET ADDRESS | | | | |
| New | York | West | chester | Nev | v Rochel | le | YES 🗌 | NO 🗆 | 170 | O Stevenso | n Blvc | 1. | | |
| | ER'S NAME | 1000 | MIDDLE | | LAST | | | ER'S MAIDE | | | | | LAST | |
| | arry | | | 1 | Lease | | I | lary | | L. | - | | ook | |
| 16a. WAS | | EVER IN U.S. AR | MED FORCES? | | CIAL SECURITY | NO. | 17. INFOR | | | ADDRE | SS | | | |
| Yes | | W.W | • II | | | - | Mae | Lease | , Ne | w Rochelle | e, N. | Y. | | |
| 18. | CAUSE OF | DEATH (Enter or | nly one couse per lin | e for (o), (b | o), ond (c).) | | | | | | | AP | PROXIMATE VEEN ONSET | INTERVAL |
| | PARTIDE | ATH WAS CAUSE | TE CAUSE (o) | cute | Myocard | lial | Infar | ction | 3 | | | 7 | Day | AND DEAT |
| | gave ris | s, if any, which e to immediate stating the <u>under</u> | (b) | R AS A CO | NSEQUENCE OF | | | | | | | - | | |
| | lying cous | se lost. | (e) | | | | | | | | | | | |
| PAR | RT 2 OTHER SIG | NIFICANT CONDITIONS | CONTRIBUTING TO DEATH | BUT NOT REL | ATEO TO THE TERMIN | AL DISEAS | E OR CONDITIO | N GIVEN IN PA | RT 1 (a). | | | | | |
| Z O | | | | | | | | | | | | | | |
| 190 | DATE OF | OPERATION | 19b. COND | TION FOR | WHICH OPERA | TION W | VAS PERFOR | MED? | | | | 20. A | UTOPSY? | |
| Ξ | None | | | | | | | | | | | Y | ES Dx | NO F |
| - T | | L CAUSE WAS | 21b. TIME O | | | 21c. H | OW INJURY | OCCURRE | D (ENTER | NATURE OF INJURY IN ITEM | 18 PART 1 OR PA | | | |
| | DERLYING | OR G CAUSE OF | | | DAY YEAR | N | o Ini | urv | | | | | | |
| 214 | INTURY | CCURRED | 21e. PLACE | OF INJURY | (AT HOME, | 21f. LC | CATION | | 43.71 | TO VILLEY | | | | |
| ¥ WI | HILE WORK | NOT WHILE [| STREET, FAC | TORY, FARM, | ETC.) | | STREET | 13.11 | | CITY OR TOWN | co | YTAU | | STATE |
| | | | ge of the remains de | scribed ab | ove, held on | Autop | sy K, | Inspection | n X, | Inquiry X | ond in my of | pinion | | |
| d | leoth resulte | d from: Notu | rol couses 🔻 | Accident | , Suici | ide [|], Homic | cide . | Unde | termined monner |]. | | | |
| | TUAL | 1- | | + | Sn Im | | TITLE (S | PECIFY) | | | | | | |
| | GNATURE_ | Trans | seco Cei | - | and a | N | A.D. ASS | st. | MED | DICAL EXAMINER | SIGNE | B/: | 17/79 |) |
| EX/ | AMINER'S I | NAME Franc | cisco G. J | Tapzor | n, M.D., | FAC | SADDRESS_ | 645 I | E. F: | irst St., | Hagers | stow | n, Má | 1. |
| 230. BURIA | AL, CREMAT | ION,REMOVAL | 23b. DATE | 23с. | NAME OF CEM | ETERY C | OR CREMATO | ORY | 23d. L | OCATION | CON | | STA | |
| bur | ial | | Aug. 20, 19 | 79 B | eechwoo | d Ce | emeter | v | N | lew Rochell | | | 317 | 116 |
| 24. FUNE | RAL DIREC | | nich Fune | | | | | | | Y REGISTRAR 256. RE | | | URE / | |
| 415 | 5 E. V | | lvd. Hage | | | 217 | 740 | | AUG | 20 19/9 | proje | 700 | MACH | - |



| .1 | | | | | | | MARYLAND | | | | |
|-----------------|--|-----------------------|---|-----------------|---|---------------------|--------------------------------|--------------------------|----------------------------|------------------------------|-----------------------|
| U | - | 1- | FOR STATE | | | | TH AND MENTAL | / 1 | 20 | 9 9 4 | |
| 1 | (Ba) | | REGISTRAR | | MEDICAL EX | AMINER'S | CERTIFICATE | OF DEATH | REG. NO. | , , -, | |
| | (455.) | 1. DE | CEASED NAME E OR PRINT) | IRST | WIDDLE | | LAST | 2a. DATE | | H DAY YEAR | 7h HOUR |
| | Har Mar | (110 | JUL | LA: | MAE | 1. | | OF DEATH | MATED & AUG | .29 1979 | 1:00 |
| | FILE | 3. SE) | | | | GE (IN YEARS IF | HMAN UNDER 1 YR. TIE UNDE | R 24 HRS. 2c. DATE | MONTH | | |
| | RECORD A STANDARY | - | 11.0 | MOI | NTH DAY YEAR | AST BIRTHDAY) MO | NIHS DAYS HOURS | MIN. PRONOUN | CED AUG | .29 . 79 | 6:12 |
| | ARY VOI VOI VOI | | RTHPLACE (STATE OR | | orch 17/07 | YRS. | | DEAD | | 19 17 | 0. 1 m |
| | ERA ERA OR THII | /a. B | RTHPLACE (STATE OR REIGN COUNTRY) | 78. 0 | 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C | | | | | NTY OF DEATH | |
| | NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILE 5, WITHIN 72 HOL WE PRESTON STRITE | | MG. | | U.S. H. | WID | WED K DIVOR | | WASHINGTO | N | MD. |
| | HE SE | 10. C1 | TY OR TOWN OF DEATH | 11. N | F NOT IN SUCH FACILITY, ONE STREET | | THER INSTITUTION | 12a. USUAL OCCUP | ATION LIYPE OF WORK | OR INDUSTR | SINESS |
| | PELAY IS N TO THE FI V PAGE 5 BE FILED, DS, 301 W | 14 | Mers low | R | D6- Huge | in to | No | House | | Hom | |
| | NO B | | | HOME OR OTHER | R INSTITUTION, GIVE RESIDENCE BEFO | RE ADMISSION) | 1 | 7,7-0-0- | | | |
| 21201 | RECORDS | | TATEMAIL 13b | UASI | 13c. CITY OR | esstar | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRES | Port | -6 | |
| .21 | T The state of the | 14 F/ | THER'S NAME | | 1/4-1 | 000000 | 15. MOTHER'S MAIL | EN NAME | 1-000 | | |
| MD. | S 1, 2, PM 3. 40 2 S | | # Sans | MIDD | DLE Sharak LAST | | EIRS | MI | DOLE | LAST . | |
| RE, | PAGES 1 FORM PW SS 1 AND DN OPVII | 14- 1 | VAS DECEASED EVER IN U | C ADMED S | oriana | SECURITY NO. | 17. INFORMANT | M. | ADDRESS | arten | |
| MO | | [Y | | S. GIVE WAR OR | | 26-607 | 1 MORMANI | 0/-1 | ADDRESS | 26 | . / |
| BALTIMORE, | B. GIVE P. WITH FO T. PAGES DIVISION | | IW | | - 120- | 26-801 | Honora | H, Lenma | n-Hages | slown | md. |
| | N. W. W. T. P. D. T. P. J. P. J. D. T. P. J. P. | | 18. CAUSE OF DEATH (ER | nter anly ane | cause per line far (a), (b), an | d (c).) | | | | APPROXIMATE BETWEEN ONSET | INTERVAL AND DEATH |
| W. PRESTON ST., | A TEM 1 ALONG ALONG PERMIT YGIENE, | 3 | | AUSEU BT: | USE (a) E984 | Sulcipi | BY SUBMERS | BSION (DRO | MUINGO | MOMENTA | 3 |
| IO | N TEN PER | -23 | 954- | (| DUE TO, OR AS A CONSEC | | | | | | |
| RE | NSI H | | Canditions, if any, | | (b) | | | | | | |
| × . | PENCI CAMIN L-TRAIN NENTA R REMO | | cause (a) stating the | | DUE TO, OR AS A CONSEC | UENCE OF | II Casa di Anna | | | | |
| 301 | UTED WITH IN PENCIL II EXAMINER RIAL-TRANS MENTAL H OR REMOV | | lying cause last. | 1 | | | | | | | |
| S, | HOULD BE EXECUTED WITHIN 24 HOI RD "PENDING" IN PENCIL IN ITEM 18 CHEF MEDICAL EXAMINER ALONG" USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I AL, CREMATION, OR REMOVAL. | | PART 2 OTHER SIGNIFICANT CON | OITIONS CONTRIB | (c) Buting to death but not related t | O THE TERMINAL OIL | ACE OR COMPLETION COURS IN THE | ART 1 / S | | | |
| ORD | | z | | - CONTRIB | ACTION TO CONTINUE ACTION TO | O INC ICIOMINAL DIS | WAS ON COMMISSION BIFFE IN 1 | AKI I (0). | | | |
| AL RECORDS, | ULD B | MEDICAL CERTIFICATION | 19a. DATE OF OPERATION | J | 19b. CONDITION FOR WHI | CH OREDATION | WAS DEDECTALED? | | | In HUTOGOVO | |
| ALR | SHOUL RRD "P CHIEF E USEF OF HI | 2 | THE DATE OF CHERATION | | 178. CONDITION ON WHI | CHOPERATION | WAS PERFORMED: | | | 20. AUTOPSY? | |
| Y. | THE CHIE | ET | 210 EXTERNAL CAUSE W | 16 | an Tuis Os name | - | | | the second | YES 🗆 | NO |
| 9 | THE THE BUREN BUREN | Ü | III IDEDIVINIO MY | | HOUR AM. MONTH DA | Y YEAR | HOW INJURY OCCURR | ED (ENTER NATURE OF INJU | IRY IN ITEM 18 PART 1 OR P | ART 2) | |
| ON | THE TO THE HOUSE | 3 | CONTRIBUTING CAU | E OF DEATH | 1:00 M. AUG. 29 | | PROWNING IN | BATHTUB | | | |
| DIVISION OF VIT | CERT TING DED 3 SP DEPA | ED | VHILE NOT WHE | | 21e PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.) | THOME, 21f. | OCATION | CITY OR TOW | | OUNTY | STATE |
| ۵ | WRITING WRITING WARDED WAGE 3 S TATE DEP | > | WHILE NOT WHE | LE 🔀 | AT HOME | Re | | EAR MAUGANS | | ASHINGTON | |
| | IR: THIS CERTIFICATE SE TIE, WRITING THE WOR ORWARDED TO THE R. PAGE 3 SHOULD BE E STATE DEPARTMENT (, 21201 PRIOR TO BURRA | | 22-1 (6 1 1) | -l (a). | | 11) | | 17 | | | 11101 |
| | NER: CATE, FOR: FOR: F | -51 | | 1 | ne remains described abave, I | | | 40/ | and in my o | pinian | |
| | AMII EECT ITH I | | death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined manner | | | | | | | | |
| | EXAA CERT ULD DIRE WITH | | ACTUAL) | - () | 1118 - | | DEPUTY | | DATI | F Aug 20 | 1070 |
| | O MEDICAL EXAMINER: ECUTE THE CERTIFICATE, GG 4 SHOULD BE FOR, GG 4 SHOULD BE FOR, FUNERAL DIRECTOR: TER DEATH, WITH THE SI LITMORE, MARYLAND, 21 | | SIGNATURE COLL | aux | WAT THO | 7 /2 5 | M.D. DETOTY | MEDICAL EXAM | INER SIGN | Aug. 30, | 17/7 |
| | EDIC NOR NOR | | EXAMINER'S NAME | | | | | | | | |
| | EXECU PAGE TO FU AFTER BALTIM | | (TYPE OR PRINT) EDWARD W. UITTO, III, M.D ADDRESS 217W. WASHINGTON ST. HAGERSTOWN, M.D. | | | | | | | | |
| | EXECTO TO AFTER BALL | 23a. B | JRIAL, CREMATION, REMO | VAL 23b DA | TE 23c. NAM | F OF CEMETER | OR CREMATORY | 23d LOCATION CITYOR TOWN | -77 00 | THE ST | No PA |
| | BP | 5 | ureal | dent | 1/79 (20 | as Hior | e Lyncole | 4 Antrey | n VWP, | Trankly | י, ס |
| | DHMH - 17 | 24. FI | INERAL DIRECTOR | 1 | ADDRESS () | . 10 | 25e. DATE | REC'D. BY REGISTRA | 25b. RECIBILAR | SIGNATURES | de |
| | (VR A15 ME (5)) 15M 7/77 | | CCC, 140 | nne | 4 - Freen | clare | 99, | JLI # 13/ | - | 1 | 7 |
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Contractor State Erect Value 1010

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AT 1995 AND THE REAL PROPERTY OF THE PARTY O

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUNE

2

| 1.00 | REGISTRAR | | | CERTIFI | CATE OF DEATH | REG. N | NO | | | |
|---|--|--|---|------------------------------------|--|---|---|--|---|--|
| | ECEASED NAME | FIRST | WIDDLE | LA | AST | 2a. DATE OF DEATH | | DAY YEAR | 26 HOUR | |
| (ine | | nma | Elizabeth | L | ewis | August | 23. | 1979 | 6 A. | |
| 3. SE | EX | 4. F | RACE | 5 DATE O | | 6. AGE (IN YEARS LAST BI | | IF UNDER 1 YEAR | IF UNDER 24 I | |
| | Female | | White | July | 14, 1923 | 56 | AONTHS DAYS | INTHS DAYS HOURS M | | |
| 76 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland | | | CITIZEN OF WHAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY | OF DEATH | DEATH | | |
| | | | U.S.A. | WIDOWE | | 7.7 7 1 1 0 1 | | | | |
| 1170 | CITY OR TOWN OF DEA | | NAME OF HOSPITAL, NURSIN | IG HOME O | R OTHER INSTITUTION | 120 USUAL OCCUPAT | NOI | 126 KIND 0 | OF BUSINESS | |
| Hagerstown | | | 140 North | | ast Street | Wool Presser Dry Clea | | | | |
| 130 | STATE | 136 COUNTY | ngton Hagers | N | 13d INSIDE CITY LIMITS? YES NO 1 | | | ıst St | reet | |
| | John | Roy | Nave | | Elsie | Mae W | leaver | • LA | ST | |
| | WAS DECEASED EVER I | IN U.S. ARMEL | FORCES? 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | RESS | 150 | | |
| | No | | 220_16 | -161 | + Adelaide | Wilson, | 309 F | ridin | ger A | |
| | 18 CAUSE OF DEATH PART I. DEATH WA | | MATE INTERVAL ONSET AND DE | | | | | | | |
| 7 | Conditions, if any, which gave rise to immediate couse to), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN | | | | | | | | | |
| Z | | | (c) NDITIONS CONTRIBUTING TO E | DEATH BUT I | NOT RELATED TO THE TERM | INAL DISEASE OR CON | NDITION GIVI | EN IN PART 1 | a | |
| TIFICATION | | IIFICANT CON | (c) NDITIONS CONTRIBUTING TO D 196 CONDITION FOR WHICH | | | 20a AUTOPSY? | 20b IF YES | , WERE FINDI | NGS USED | |
| CAL CERTIFICATION | PART 2 OTHER SIGN | IIFICANT CON | | OPERATION | | 20a AUTOPSY? YES NOTE: | 20% IF YES IN CERTIFY | , WERE FINDII YING CAUSES | NGS USED OF DEATH? | |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDION OR CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTION CON | INFICANT CON ION ERLYING AUSE OF DEATH AL EXAMINER) IED | 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | OPERATION AY YEAR 19 ARM, ETC.) | N WAS PERFORMED | 20a AUTOPSY? YES NOTE: | 206 IF YES IN CERTIF' YES | , WERE FINDII YING CAUSES | NGS USED OF DEATH? NO | |
| | PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDION OR CONTRIBUTING CON | INFICANT CON ION AUSE OF DEATH AL EXAMINER) IED INILE (ITHE TANSPIRE) | 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY | OPERATION AY YEAR 19 ARM, ETC.) | 21c. HOW INJURY OCCURS 211 LOCATION STREET 1967 d that in (my) **Mopinion in | 200 AUTOPSY? YES NOTE NATURE OF INJURE CITY OR TO | 20b IF YES IN CERTIFY YES URY IN ITEM 18, PA | WERE FINDILY YING CAUSES THE COUNTY COUNTY TO THE COUNTY TO TH | NGS USED OF DEATH? NO STATE | |
| | PART 2 OTHER SIGN 19th DATE OF OPERAT 21a. ACCIDENT WAS UNDED OR CONTRIBUTING C. (16 EITHER, NOTIFY MEDICA 21d. INJURY OCCURRI WHILE NOT WHAT WORK AT WORK 22a. I certify that (I) (sow the decases obove, (I) (WA) (d) 22b. SIGNATURE | INFICANT CON ION ERLYING (AUSE OF DEATH AL EXAMINER) IED (ITHE DEATH AL EXAMINER) (ITHE DEATH AL EXAMINER) (ITHE DEATH AL EXAMINER) | 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. attended the deceosed from Aug • 8 with body after death. | OPERATION AY YEAR 19 ARM, ETC.) | 211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 A TOPINION DEGREE D. ATTENDING PHYSICIAN (2) | 200. AUTOPSY? YES NOTE NOTE CITY OR TO deoth occurred on the company MEDICAL STA | 206 IF YES IN CERTIFY YES | COUNTY 19 79 ond from the | STATE that (I) (we couses stated SIGNED 4/79 | |
| MEDICAL | PART 2 OTHER SIGN 190 DATE OF OPERAT 210. ACCIDENT WAS UNDION OR CONTRIBUTING CON | ERLYING ALEXAMINER) TON AUSE OF DEATH ALEXAMINER) TED (1h ** ** ** ** ** ** ** ** ** ** ** ** ** | 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. attended the deceosed from Aug. 8 19 Why body after death. | OPERATION AY YEAR 19 ARM, ETC.) | 21c. HOW INJURY OCCURE 211 LOCATION STREET 214 that in (my) **Copinion of the physician o | 200 AUTOPSY? YES NOTE NATURE OF INJUSTICE CITY OR TO COMPANY OF THE COMPANY OF | 206 IF YES IN CERTIFY YES JRY IN ITEM 18, PA AFF CIAN Ingto | COUNTY 19 79 19 79 19 79 19 79 22c. DATE 8/2. n Str | STATE that (I) (we couses stated SIGNED 4/79 | |

Haven Funeral Chapels, Inc., Hag.,

DHMH - 16 50M 1/76 (VR A 15 (4))

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SWAIN ON HERE

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| -71 | 1 DECE ASE | DNAME FIRST | WIDOLE | LAST | | | | AY YEAR | 26 HOUR |
| | TITPE OR PRIN | Mary C | atherine M | arkell | | August 1 | 9, 19 | 179 | |
| | 3. SEX | | 4 RACE | 5 DATE OF B | IRTH YEAR | 6 AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HRS |
| | | Female | White | | -1900 | 79 | YRS | | |
| 25 | 7a. BIRTHPL COUNTRY | Maryland | 76 CITIZEN OF WHAT COUNTRY | MARRIED C | NEVER MARRIED | Washingt | | OF DEATH | |
| 30 | 18. CITY OR | TOWN OF DEATH Boonsboro | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY GIVE STRE Reeder's M | ING HOME OR C | THER INSTITUTION | 126 USUAL OCCUPAT (TYPE OF WORK FOR MOST O | ION OF WORKING LIFE | | OF BUSINESS OF |
| 5 | USUAL RES 130 STATE Maryl | IDENCE (IF NURSING HOME COU | OR OTHER INSTITUTION GIVE RESIDENCE BEFO | ORE ADMISSION) | I INSIDE CITY LIMITS? | 130 STREET ADDRESS Mileston | 1 | | |
| 2/0 | 14 FATHER | S NAME FIRST - | MIDDLE Cramer | 15 | MOTHER'S MAIDEN N. | AME | Cor | dell | ST |
| 1 | | ECEASED EVER IN U.S. A | VE WAR OR DATES) | | INFORMANT | | | Mt. A | etna F |
| | no | | 214 09 | 4398 | Jilliam H. | . Markell, | Je. | Hag. | , Md. |
| 9 | PART | 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NO | dron | MINAL DISEASE OR CON 200. AUTOPSY? YES NO | 20b. IF YES, | , WERE FINDIN | NGS USED |
| 9 | | ACCIDENT WAS UNDERLYING [DINTRIBUTING [THER, NOTIFY MEDICAL EXAMINES | | | E HOW INJURY OCCU | RRED (ENTER NATURE OF INJU | RY IN ITEM 18, PA | RT 1 OR PART 2) | |
| | WHILL AT WO | NJURY OCCURRED E NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | E, FARM, ETC.) | f LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | 220 1 | certify that (I) this has ow the deceased alive a above, (I) use) (did) (did) | August 14 2 view the body ofter death | 79_ ond t | 29 , 19 <u>76</u> not in (my) XX () opinion | , to August | 19 1 ote and hour | ond from the | |
| , | 1 224 9 | SSm. | Dryn | ND | ATTENDING | MEDICAL STA | FF CIAN [| | 20 - 7 9 |
| 1 | | | razer, M.D | | 100 | Long Meadow | r Dr., | Hagers | town MI |
| | (SPECIEX | , CREMATION, REMOVA | 8-21-79 | Rose Hi | etery or crematory | Hagers | town, | Mary. | land |
| | Gera | L DIRECTOR 1 d N. Minr | nich Hagerst | own, Ma | ryland Al | TE REC'D, BY RECISTRAR UG 23 1979 | perpe | My men | Mody |

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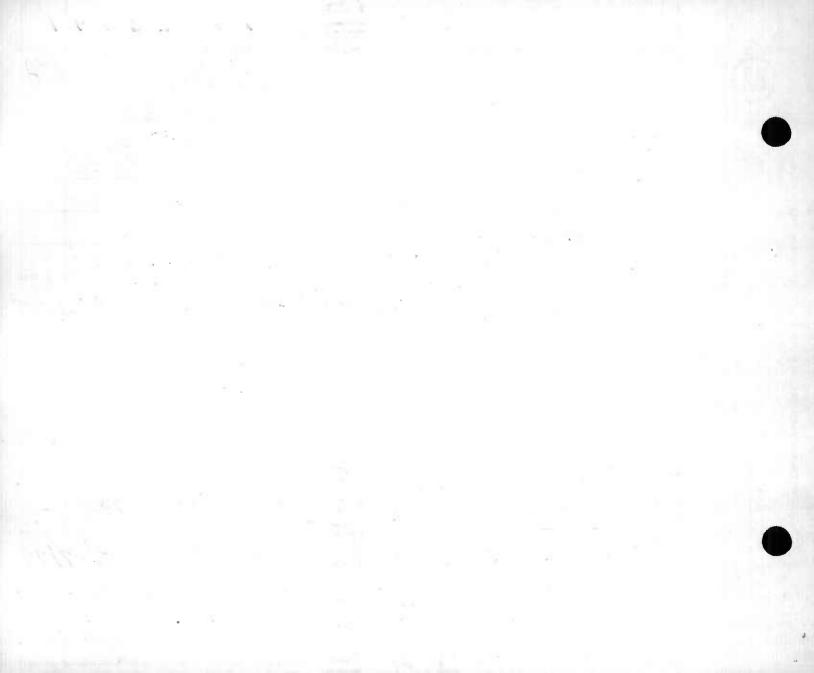
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| | 1 | FOR | | | | OF MARYLAND | | 0 0 | /*A | 0 "7 |
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| | 1 - | STATE REGISTRAR | | | CERTIF | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | 2 0 | 4 | 9 / |
| A) f | 1 DE | CEASED NAME FRST ORPRINT) Albert | . Mo | oses | | rshall | 8/17/79 | MONTH DA | Y YEAR | 8 30AM |
| | 3 SE | male | 4 RACE Whi | te | S. DATE C MONTH Sept. | | 6 AGE (IN YEARS LAST BIRT | | UNDER I YEAR | |
| of once. | C | RTHPLACE (STATE OR FOREIGN DUNTRY) Pennsylvania | | WHAT COUNTRY | MARRIE WIDOWE | DE DIVORCED | Mashin | R COUNTY C | OF DEATH | MD. |
| led -ith | | TY OR TOWN OF DEATH agerstown | 11. NAME OF (# NOT IN SUI 1125 Oc | HOSPITAL, NURS CHEACILITY, GIVE STRE RK HILL 7 | ING HOME C | PROTHER INSTITUTION | 12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF CONTRACTO | F WORKING LIFE! | INDUSTRY | OF BUSINESS OR |
| must be good by | 13a S | AL RESIDENCE (IF NURSING HOME STATE 136 COL TYLAND Was | or other institution INTY hington | I GIVE RESIDENCE BEFF 13c CITY OR TO Hagers | WN | 134 INSIDE CITY LIMITS? YES 🔯 NO 🗌 | 13. STREET ADDRESS 1125 O | ak Hil | 1 Ave | nue |
| and 2 st | | | Marsh | | | IS MOTHER'S MAIDEN NA FIRST Myra | MO | oreho | | AST |
| on and comps. Pages 1 an | | VAS DECEASED EVER IN U.S. A VES, NO OR UNKNOWN) (IF YES, G NO | RMED FORCES? | 166 SOCIAL SEC | CURITY NO | Harry B. Ma | ADDRE Arshall, Hag | | | OXUMATE INTERVAL |
| equires that the death in signed by the attend. Then please remove call ria burial, cremption, a | NOI | Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | (b) | OR AS A CONSEQUENCE ON TRIBUTING TO | UENCE OF | NOT RELATED TO THE TERM | inal disease or soni | DITION GIVER | N IN PART 1 | la |
| ician. Ite has been ist permit grene prior shaws any in | CERTIFICATION | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | DITION FOR WHIC | тн бревил б | 21c HOW INJURY OCCUR | 200 AUTOPSY? YES NO | YES | NG CAUSE | INGS USED S OF DEATH? NO [] |
| ar attending physicia After this certificate Is as the burial transit acits and Mental Hygie marked or tem 18 sha | MEDICAL C | OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c. certify that (1) (Northee | EATH HOUR A R) P 210 PLACE (AT HOME, ST | .M. MONTH .M. OF INJURY IREET, FACTORY, OFFIC | 2/2 | 211 LOCATION STREET | city or tow | · · · · · · · · · · · · · · · · · · · | COUNTY | STATE STATE |
| retained by the haspital TO FUNERAL DIRECTOR. should be detached for us with the State Dept of He IMPORTANT: If them 21 is | | saw the deceased alive o | or PRINT) | y after death. | 79.0 | 22e ADDRESS | death occurred on the do | FF CIAN | 22c DAT | |
| Phonic Should by with the IMPORT | (| BURIAL, CREMATION, REMOVA SPECIFY) | | 23 | | EMETERY OR CREMATORY EXPLORATORY EXPLORATORY | 23d LOCATION CITY OR TOWN Hagerstow | C | OUNTY | STATE |

DHMH-16 20M (VRA 15, 4) 7/7B

74 FUNERAL DIRECTOR Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Md.



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| ED A DESAFRIS | . 0. | 115 | | 211 | - | |

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) MaRTIA 8 M Je w Catherine 4 RACE 3 SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTH YEAR DAYS HOURS White 892 Female Tilly To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland WIDOWED DIVORCED [Washington ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ravenwood Lutheran Village Hagerstown Retired Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Marvland RED_1 Clearsprin 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME LAST MIDDLE FIRST MIDDLE LAST Martha Miller (3-1) George Grove SILE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mr. Jack Martin RFD-1 Clearanring APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: 24hr Bleeding IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF Acute gastritis Conditions, if ony, which gove rise to immediate couse 10, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION Generalized atherosclosis 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? none YES [NOX YES [NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL none (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK none AT WORK Apr 22a | certify that (1) (this haspital) attended the deceased from sow the deceased alive on Allo 27 above. (I) (we) (did) (did not view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

PHYSICIAN IX

MEDICAL DIRECTOR PHYSICIAN

STAFF

8-28-79

William W. Lesh M.D.

Division Ave Hagerstown.Md

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

230 BURIAL, CREMATION, REMOVAL 236. DATE Aug.

23c NAME OF CEMETERY OR CREMATORY

St. Pauls

23d. LOCATION CITY OR TOWN

24 FUNERALDIRECTOR Home Clearspring.

250. DATE REGID. BY REGISTION 256. REGISTRAR'S SIGNATURE

llearspring Wash. Md.

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campletely filled in by the funeral director.
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must be notified at once.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | | REGISTRAR | | | | CEKITI | ICATE OF | DEATH | REG. | NO. | | |
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| H | | CEASED NAME | FIRST | | MIDDLE | L | AST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR |
| | | M | ARS | | ANG | M | CIT | TY | AUGUS | T 4, | 1979 | 4 05/A M |
| | 3 SEX | Female | | White | | NOV | DAY | 1930 | 6 AGE (IN YEARS LAST B | | MONTHS DAYS | |
| 5 | CC | Maryland | | 76 CITIZEN OF | ١. | MARRIE | | NORCED _ | 9 BALTIMORE CITY Washir | | TY OF DEATH | MD. |
| 1 | Н | TY OR TOWN OF DEA lagerstown | | Washin | gton C | Ounty Home County | or other ins ospital | TITUTION | 120 USUAL OCCUPA (TYPE OF WORK FOR MOST laundry | OF WORKING | | |
| 2 | Ma Ma | AL RESIDENCE (IF NURS TATE LTYLAND | 1136 COUN | | 13c CITY OR Hager | TOWN | 136 INSIDE | NO 🗆 | 13e STREET ADDRESS 431 Mecha | nic S | treet | |
| C | | Allen | | | Barnha | | Ar | S MAIDEN NA/ FIRST NA | WIDDLE | | Moore | |
| | | VAS DECEASED EVER (ES, NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | | 6-8389 | Mr. I | | McCarty, H | | town, M | aryland |
| | NO | Conditions, if ony, gove rise to improve to improve to improve to improve to improve to the course t | , which mediate ng the lost | DUE TO, OI | R AS A CONSI | | | | INAL DISEASE OR CO | NDITION G | IVEN IN PART 1 | MONTHS |
| 1 | CERTIFICATION | JANUA NY | TION | 196 CONDI | ITION FOR WE | HICH OPERATION | N WAS PERF | DRMED | 200 AUTOPSY? | IN CERT | ES, WERE FINDI | |
| 7 | MEDICAL CER | 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHER MEDIC 216. INJURY OCCURI WHILE AT WORK AT WORK | ALEXAMINER) RED | 216 TIME O HOUR A P | FINJURY M. MONTH M. | DAY YEAR | | JURY OCCURE | RED (ENTER NATURE OF IN) | | PART 1 OR PART 2) | STATE |
| | | 220.1 certify that (I) sow the deceas above. The SIGNATURE | (this hospi | ol) ottended the | e deceosed fr 3 after death. | 19 <u>74</u> , or | DEGREE | ATTENDING _ | | date and ha | our and from the | that (I) (we) last causes stated E SIGNED |
| | | 228 PHYSICIAN'S BY | m. | (OHEN | | M | 22e ADDRE | 138 1446-ENS | | | | 4-74 |
| | (5 | Burial Burial | | | ,1979 | Rest Ha | | metery | 236 LOCATION CITY OR TOWN Hagersto | | | |
| | 24. FU 41 | INERAL DIRECTOR: 5 E. Wilso | mich Blv | Funeral d. Hage | Home | , Md. 2] | L740 | AUG | 091979 | 25KREGIS | TRAR'S SIGN | TURE |

415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/76 (VR A 15 (4))

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etoined by the hospital or attending physician

should be detached for use as the burial-transit permit. Then please remove carbandapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

IMPORTANT: If them 21 is marked ar Item 18 shaws ony

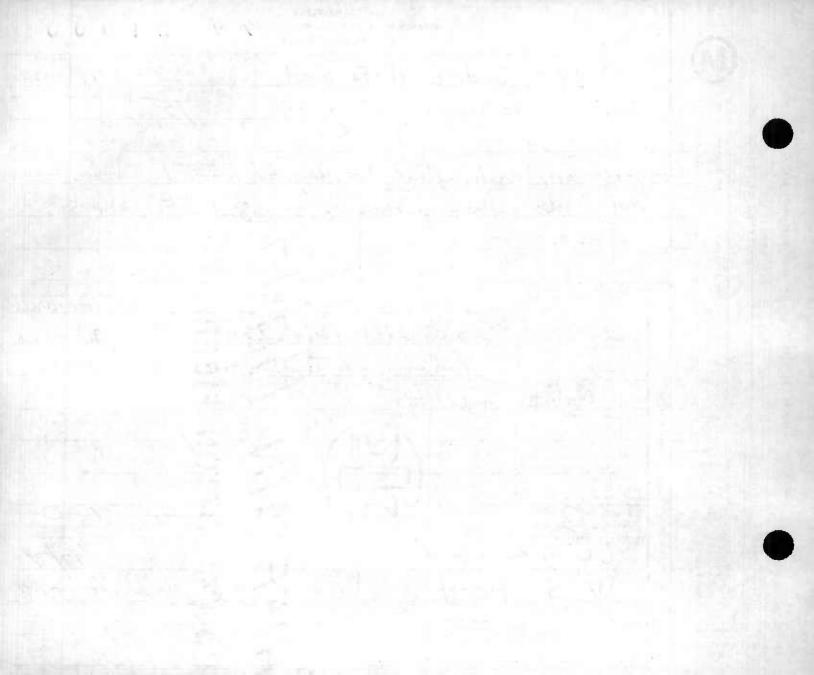
injury, ar other traumatic event, the

A K N O T K K- Shift and Shift was AND REAL PROPERTY AND PERSONS ASSESSED. serious Access to the control

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A 15 (4))

STATE OF MARYLAND



| | | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
|--|---------|---------------|--|--|---|--|------|
| | | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | 7 |
| 1 / | 1 | TITTE | Grover CJ | leveland McH | enry | August 17, 1979 9 | p |
| (1) | | 3. SE | | 4 RACE | 5. DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 | Н |
| 1 /231 | y | | Male | White | 7-25-1884 YEAR | 95 YRS DAYS HOURS | MI |
| F 45 | 5 | 7a. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY OF DEATH | 7 |
| 1 1 | 133 | | Maryland | USA | WIDOWED TO DIVORCED | Washington | |
| 2 21 | 7 | | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | | 12a USUAL OCCUPATION 12b. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | 5 |
| by th | ap 00 | | Hagerstown | 50 S. Canno | n Ave. | dealer Industry livestoc | K |
| 24 have filled in auld be | ed 33 | -13a S | STATE 136 COUN | other Institution, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN NingtonHagerst | N 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS 50 S. Cannon Ave. | |
| rthin tely 2 sh | - ine | 14. F.A | ATHER'S NAME | | 15 MOTHER'S MAIDEN NA | ME . | - |
| w by w and and | 11 Con | | Henry - | McHenry | Catherin | ne - Crouse | |
| ecute d coi | Cal | | VAS DECEASED EVER IN U.S. AR. | MED FORCES? 166 SOCIAL SECUI | | ADDRESS | - |
| be exe | e medi | - 0 | res, no or unknown) I if yes, give | 220 16 | 0104 Miss Jean | McHenry see # 13 | |
| , BAL Icate hysica oaper avol. | th, th | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per line for 101 b | Janes Lil | A BETWEEN ONSET AND DI | Ā |
| certificant page page page page page page page page | 0 0 0 | | IMMEDIAT | E CAUSE (0) | physardial | Ligorium 36 hours | |
| ath ath ending carl | mat | | 410- | DUE TO, OR AS | ACE OF LOVE | my Variel Reggy IT xom | |
| e de mave | trau | | Conditions, if any, which gave rise to immediate | bl Corecto | www. ogno | of our way 13 years | 1 |
| har th by the ase re Il, cren | ather | | cause (a), stating the underlying cause last | DUE TO, OR AS A CONSEQUE | NCE OF | | |
| orres t igned en ple buria | Jry, ar | 7 | PART 2. OTHER SIGNIFICANT C | CONTRIBUTING TO D | <u>EATH</u> BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVEN IN PART 110 | |
| RECORD law requ as been s eermit. The | ie | 101 | | 10ml | | | |
| he law | ows on | CERTIFICATION | 19a DATE OF OPERATION | 1796 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO | ? |
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| CLAI CLAI B ph Bertifu | ten | AL | OR CONTRIBUTING CAUSE OF DEA | | Y YEAR | | |
| HYS I ding | ė ė | MEDICAL | 214 INJURY OCCURRED | 21e PLACE OF INJURY | 211. LOCATION | | |
| NG PHYSICIA The standing plant this certified as the buriel than Americal than American than Americ | ked | × | WHILE NOT WHILE AT WORK | I AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) STREET | CITY OR TOWN COUNTY STAT | Pre- |
| or or or se as | mag | | | tal) attended the deceased from | Meth JO 19 7 | 4 to 449 /7 19 99 that (1) (we |) |
| TTEN Pital TOR for u | 21 is | | saw the deceased allower obove (I) we idid this hid no | 17 19 19 19 19 |), and that in (hy)(our) opinion | death accurred on the date and hour and from the causes state | d |
| OR All PIREC Iched iched | Te H | | 22b. SIGNATURE | O differ deoin. | DEGREE | 221. DATE SIGNAD | |
| TAL O y the RAL D detacl | ± :: | | a lebert | mull | ATTENDING PHYSICIAN | DIRECTOR PHYSICIAN | 1 |
| tOSPI ned b FUNER | PORTAN | | 224. PHYSICIAN S NAME ATTHE O | But | 220 ADDRESS | itistom of the | 1 |
| share | ¥ | | Accel A | 100010 | 120 101 | WWW SOLL HOUNDS | Ē |

FOR

- STATE

BP.

DHMH - 16 50M 1/76

(VR A 15 (4))

CIAN 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 8-20-79 Rose Hill Cemetery Hagerstown 305 N. Potomac St. 24 FUNERAL DIRECTOR Gerald N. Minnich Hagerstown, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

126. KIND OF BUSINESS OR

PERSONAL PERSONAL PROPERTY OF THE SECOND The commediate of the contract of the Comment of th The way the way the transfer and the the property of the state of the second seco

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STATE OF MARYLAND

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| | 1 - | STATE REGISTRAR | | | DEPARTN | | ICATE OF DEATH | REG. N | 2 | 100 | 1 3 | |
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| ú | | CEASED NAME | FIRST | , | MIDDLE | L | AST | | MONTH | DAY YEAR | 2b HOU | IR |
| | line | | SALLIE | EL. | IZABETH | M | IILLS | angu | st | 4,1979 | 3:4 | VAM |
| | 3 SEX | X | | 4. RACE | | 5. DATE C | | 6 AGE LINYEARS CAST BIRT | HDAY} | IF UNDER I YEAR | IF UNDER | 241160 |
| | | EMALE | | WHITE | | JAN. | 18,1900 YEAR | | 9 YRS | | HOURS | MIN. |
| 1 | | RTHPLACE (STATE OR F | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | AAARRIEI | NEVER MARRIED | 9 BALTIMORE CITY O | R COUN | TY OF DEATH | | |
| 9 | MA | RYLAND | | UNITED : | | WIDOWE | DINORCED | | | GTON | | MD. |
| 9 | | GERSTOWN | ATH | (IF NOT IN SUC | HOSPITAL, NURSIN H FACILITY, GIVE STREET / TON COUNT | ADDRESS) | PITAL | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOMEMAKER | | 12b. KIND C INDUSTRY | OF BUSINE | ESS OR |
| | USU A | AL RESIDENCE (IF NUR | SING HOME OF | OTHER INSTITUTION | | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | | |
| 5 | | RYLAND | | HINGTON | BIG POOL | | YES NO X | BOX 82 | | | | |
| | | THER'S NAME | | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | | | GLAD | VTT T | |
| G | | GEORGE | | MI | SWANDOL | | I DA | NMI | | GLADI | 1111 | |
| | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRE | | | | |
| | | NO | | | | | MRS.FREDA TI | RUMPOWER SA | ME A | S 13 | | |
| | | 18 CAUSE OF DEAT | | | line for (o), (b), one | d ic. | | | | BETWEEN | IMATE INTER | DEATH |
| | | PARTI. DEATTI | | E CAUSE (0) | CA | CET | The Hear | + fail | | a | 0- | |
| | | 4140 | | DUE TO, OI | R AS A CONSEQUE | NCE OF | | , , cour | | | F | , |
| | | Conditions, if any | , which | (b) | att | 1411 | Solutation | flert 1 | aut | CHE | al | |
| | | couse (0), statis | ng the | DUE TO, OF | R AS A CONSEQUE | NCE OF | | 100.00 | | | | |
| | | | | (c) | | | | | | | | |
| | NO | PART 2 OTHER SIG | NIFEANT | ONDITIONS | ONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TEN | AINAL DISEASE OR CON | DITION G | SIVEN IN PART 1 | 0 | |
| 3 | CERTIFICATION | 190 DATE OF OPERA | TION U | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | ES, WERE FINDIN | | |
| L | TIFE | | | | 700 | | | YES NO | | YES | NO [| _ |
| | | 210. ACCIDENT WAS UN | | 21b. TIME O | FINJURY M. MONTH DA | Y YEAR | 21¢ HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 1 | B, PART 1 OR PART 2) | | |
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| | MEDICAL | 21d. INJURY OCCUR | | 21e PLACE (| OF INJURY BEET, FACTORY, OFFICE, FA | ARM, ETC.) | 211 LOCATION STREET | CITY OR TOV | VN . | COUNTY | 51 | ATE |
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| | | 220 I certify that (I) | | | | 161 | 19/4 | 1, to Charles | 45 | 19 79 | that (1) (v | , |
| | | | ed alive an did) (did na | ti view the bady | ofter death. | 1 | d (hot in (my) (our) opinian | death accurred an the de | ote ånd h | | | oted |
| | | 226. SIGNATURE | un | 4. | Paux | n | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAR | | 8/4/ | 79 | |
| | | 22d. PHYSICIAN'S N | OR SYPEO | RARINT) | pur | 24 | 22e ADDRESS | Clivela | (| 1 Am | 11 - | A. |
| _ | | SURIAL CREMATION | - 10// | Thus a series | 100 | 73 | EMETERY OR CREMATORY | 123d LOCATION | ner | - Jug | we. | 1000 |

BP.

TO HOSPITAL OR ATTEN

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I and 2 should be filled within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the medical examples of

er must be notified of once

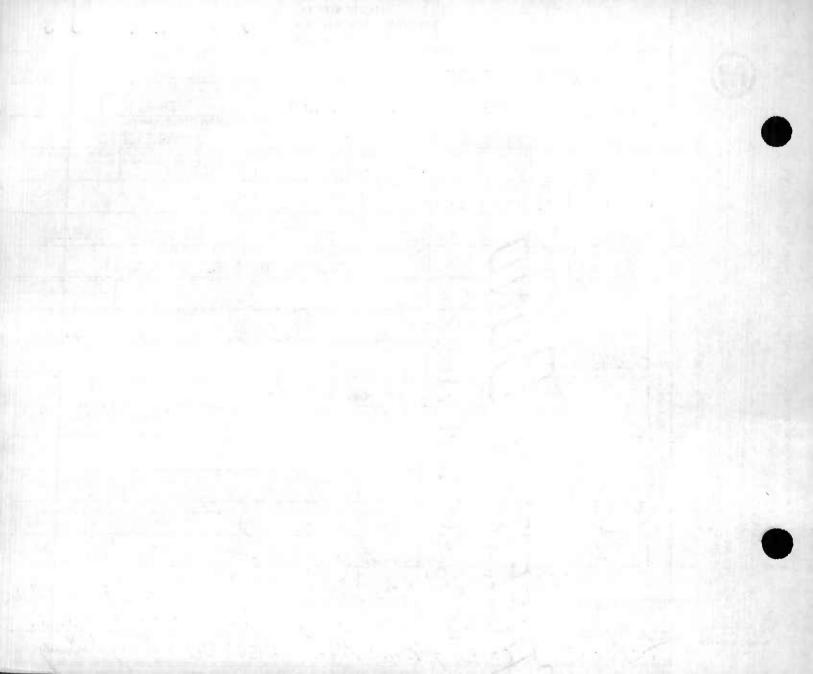
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8/6/1979

PARKHEAD CEMETERY

PECTONVILLE, WASHINGTON, MD.

250. DATE REC'D. BY REGISTRAR 25b. R

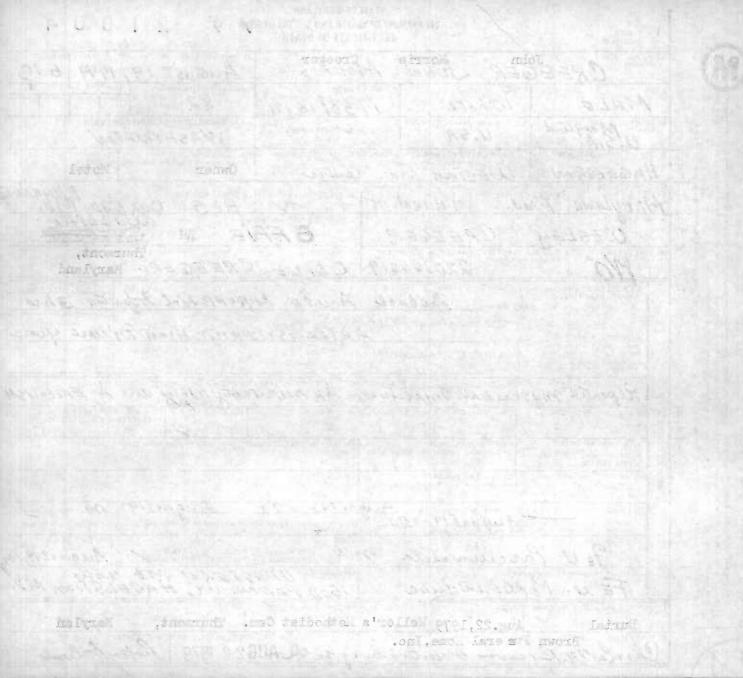


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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INDUSTRY Secretary Travel Agency 13e STREET ADDRESS P.O.Box 582, Frederick, Md. MIDDLE Cooper Mr. Braest O. Mort. P.O. Box 582 Frederick, Maryland 21701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MULTIFORME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 99 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 72c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 23d LOCATION STATE Burial Aug. 29, 1979 Sunset Mem.Park Md . Cumberland Alleghany 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Strittial Practiley, Keeney & Basford Puneral Home 106 East Church Street Frederick Mervland

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

HOURS.

126 KIND OF BUSINESS OR

DAYS

20 DATE OF DEATH

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT

DHMH - 16 50M 1/76 (VR A 15 (4))

July 6 1933

Haryland U.S...

Sandreron manisprice County Hospital secretary issuel Arracy

Haryland Frederick Prederick x 1.0.0x 583, Successor, Mo.

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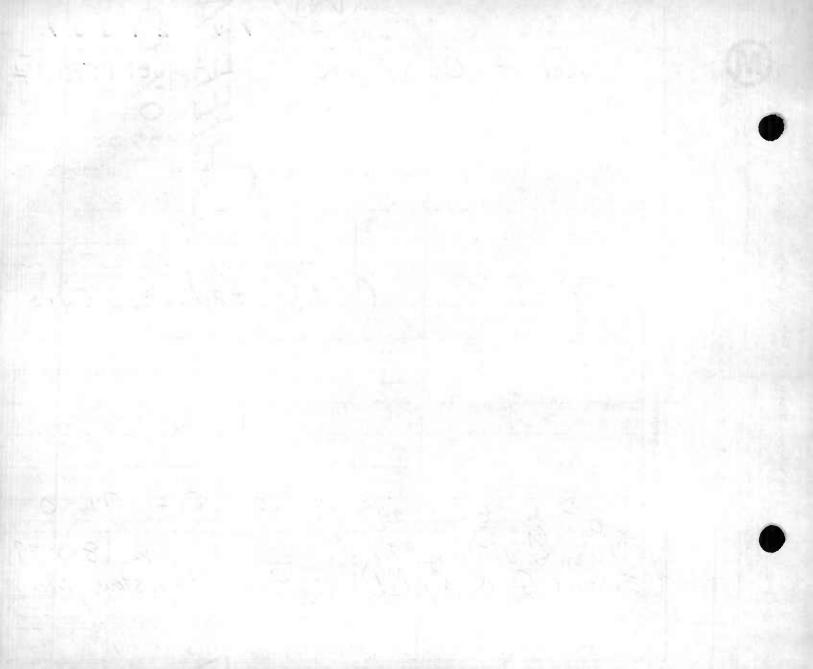
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| W | | 1 | | | | | E OF MARYLAND | | | |
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| 7 31 | | 1- | FOR STATE REGISTRAR | | DEPART | MENT OF F | EALTH AND MENTAL H | , , | 210 | 07 |
| M | | TYPE | CEASED NAME Robe | ert | Conner | My | ers | 20. DATE OF DEATH | | 979 11 25 HOUR |
| e 4 cror, s off | | 3. SE | Male | 4 RACE Whi | te | MONT | 19, 1920 YEAR | 6 AGE (IN YEARS LAST | MONIH | The state of the s |
| th. Pog | Suce. | C | RTHPLACE (STATE OR FOREIGN DUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CIT | YRS. | |
| deo deo | \$ 7.0 | 10. C | Maryland TY OR TOWN OF DEATH | US/ | | WIDOWE | D DIVORCED [| Washing | ton Count | MD. RE KIND OF BUSINESS OR |
| rs ofter by the | notifie | | Hagerstown | Weste | chfacility, give street rn Marvla | address) | spital Cente | (TYPE OF WORK FOR MO | ST OF WORKING LIFE) IN | ircraft mfq. |
| MARYLAND 2120 ed within 24 hours impletely filled in by | must be | | AL RESIDENCE (IF NURSING HOME O TATE 13b COU | OR OTHER INSTITUTION | 13c CITY OR TOW | E ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | | |
| rLAN thin 2 shou | 0 | | ryland Wash: | ington | Hagerst | own | YES NO 15 MOTHER'S MAIDEN N | | ual Highwa | ay |
| | w 211 | | Clarence | | Myers | 13 | FIRST | uline A. | Conner | LAST |
| BALTIMORE, core be execut ysicion and co | ledico | () | VAS DECEASED EVER IN U.S. AL | RMED FORCES? | 220-05- | | 17. INFORMANT | Carliala | Route 1, 1 | Box 222 ing, Md. 21722 |
| RDS, 201 W. PRESTON ST., equires that the death certifutes that the attending plant plant plant plant plant plant plant cremotron, or remoton, or remoton, or remoton, or remoton, or remoton, | njury, or other troumotic eve | NO | 18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, O (b) DUE TO, O (c) | dr as a conseou dr as a conseou | ENCE OF | NOT RELATED TO THE TE | RMINAL DISEASE OR CO | ONDITION GIVEN IN | S YYS |
| AL RECORDS, the low requir tion. thes been sign there prior to be | shows ony | CERTIFICATION | 190 DATE OF OPERATION | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WEI IN CERTIFYING YES | RE FINDINGS USED CAUSES OF DEATH? |
| Z Z S O O H | or Item 18 st | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED | HOUR A | OF INJURY .M. MONTH D .M. OF INJURY | AY YEAR | 21c. HOW INJURY OCCI | JRRED (ENTER NATURE OF IN | JURY IN ITEM 18, PART 1 C | OR PART 2) |
| DIVISIC NG PH offer thi of the b | orked o | WE | WHILE NOT WHILE AT WORK | (AT HOME, ST | REET, FACTORY, OFFICE, | FARM, ETC.) | STREET | CITY OR | IOWN CC | OUNTY STATE |
| Spirol or Spirol or CTOR: A | 121 is m | | 22a. I certify that (1) this hasp now the decreased alive or above (1) will did it did in | 8 | ne deceased from19 | 19 . | d that in (my) (our) opinion | on death occurred on the | dote and hour and | from the couses stated |
| by 14 by 14 ERAL Stote | ANT: If hen | 1 | 171 PHYSICIAN'S NAME (1991) | R | ley c | m. | ATTENDING PHYSICIAN 1276 ADDRESS | MEDICAL S DIRECTOR PHY | TAFF - | 8-2-79 |
| O HOSPII to FUNER should be with the St | MPORT | | Edwin (| J. K | 1/24/ | 70 | 1500 Pe | uno, Ha | gerston | in Md |
| BP | | 230 B | URIAL, CREMATION, REMOVAI PECIFY) rial | | 3,1979 | | EMETERY OR CREMATOR | 'CITY OR TOWN | town Wash | ., Maryland |
| DHMH - 16 60M 1/75 | 5 | | | | VERAL HOM | | | ATE REC'D. BY REGISTRA | | |
| (VR A 15 (4)) | | 41 | 5 E. Wilson Bl | vd., Had | gerstown, | Md. | 21740 AL | IGO 7 1979 | 1 | 15/ |



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| and the contract of | | DAV: | TD | CLTI | NTON | NEL | HARD | 0.5 | E KNOWN ESTI- TH MATED | | | 26. HOUR |
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| | 13a ST | ATE | 136 COUNTY | | 13c. CITY OR TOWN | | NSIDE CITY LIMITS? | 3e. STREET ADD | | | | |
| E SERE | | nna. | Fayet | te | Uniontown | | NO 🗆 | 180 Car | cnatio | n Avei | nue | |
| PINT I | 14. FA | THER'S NAME | M | DDLE | LAST | 15. N | OTHER'S MAIDEN | NAME | MIDDLE | | LAST | |
| RE, M | | larry | C | | Newhard | | Sara | | K. | | Will | |
| 0 112077 | 16a. W | AS DECEASED EVER I | N U.S. ARMED (IF YES, GIVE WAR | FORCES? OR DATES) | 166. SOCIAL SECUR | ITY NO. 17. IN | FORMANT | | 18000 | arnat: | lon Ave | enue |
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| S, 301 ECUTE S' IN P AL EX. BURIAL NND MI | | | | (c) | | | | | | | | |
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| DIVISION OF VITAL RECORDS, CERTFICATE SHOULD BE EXERITED THE WORD "PENDING" ROBED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BIE DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION PRIOR TO BURIAL, CREMATION | CERTIFICATION | | | | | | | | | | | |
| ALRE HELL CRE | 3 | 19a. DATE OF OPERA | TION | 196. CONDITIO | ON FOR WHICH OPE | RATION WAS PE | RFORMED? | | 3.00 | 25.1 | 20 AUTO | PSY? |
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| DIVISION O CERTIFICA MING THE ODED TO THE TO | MEDICAL | 21d. INJURY OCCURR | ED . | 21e PLACE OF | | 21f. LOCATIO | | CITY OR. | IOWN | | YINUC | - STATE |
| DIN E, WRIT RWARD PAGE STATE I | | WHILE NOT V | ORK X | POTO | MAC RIVE | R NEAF | R HANCO | CK WA | SHING | TON | | W.D.₁E |
| | | | | the remoins descr | ibed obove, held on | Autopsy | , Inspection | X Inqui | rv 🗍 . | and in my o | pinion | |
| MINER TIFICATE BE FOOR CTOR: | | death resulted from | Noturol s | | 100 | | Homicide . | Undetermined | / | , | | |
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| AL OUT | | SIGNATURE OF | varel | W XV | WITT, | M.D | DEPUTY | _MEDICAL EX | AMINER | DATE | AUG | 5P 744 |
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| TO A EXEC PAGE TO F AFTE BALT | 23a.BU | RIAL, CREMATION, RE | MOVAL 23b. D | ATE | 23c. NAME OF C | EMETERY OR CRE | MATORY | 23d. LOCATION | 1 | CO | YIMI | STATE |
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| | | | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | |
| | | 1. DE | CEASED NAME FIRST | MIDDLE | LAST | 20 DATE OF DEATH | MONTH DAY YEAR 26. HOUR Qua 12 1979 2 km |
| 4 and | | | DENVER | Newton | NEWLIN ST | 8 4 | A |
| 1 | | 3 SE | X | 4. RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRT | HOAM IF UNDER 1 YEAR IF UNDER 24 HRS |
| AM) |) | | 1(7) | W | Oct. 14, 1912 | 66 | YRS |
| 4 65 | 90 | | RTHPLACE (STATE OR FOREIGN OUNTRY) | The CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED | | R COUNTY OF DEATH |
| dear Cn7 | £30 | | Maryland | U.S.A. | WIDOWED DIVORCED | | gton County MD |
| 1 11 | 1,0 | 10 C | ITY OR TOWN OF DEATH | NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. | IG HOME OR OTHER INSTITUTION ADDRESS) | 12a USUAL OCCUPATION | |
| 1 4 | 2/7 | | Hagerstown | | County Hospital | | F WORKING LIFE) INDUSTRY Plumbing |
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| pa dus | 8210 | | | F. Newl | | Mae | Sherman |
| P P E | dico. | 16a. \ | WAS DECEASED EVER IN U.S. ARA | WAR OR DATES) | | ADDRE | |
| 3 54 | - | | Yes WW | | 9516 Anna R. N | ewlin s | same as 13a-e. |
| a die | 4 | | 18 CAUSE OF DEATH (Enter and | y ane cause per line for lat, lbt, and | dicu | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
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| deat atter ove tran, | E | | Canditians, if any, which | (b) arteri | selectio Heart | Hiseose | Gears |
| the rema | ertr | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQUE | NCE OF | | |
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| en si | | CERTIFICATION | | | ENECES INC. | | |
| low s be | Sony | ICA | 190 DATE OF OPERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
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| hysicia ficate fransit Hygie | 00 | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 21b. TIME OF INJURY HOUR A.M. MONTH DA | 216. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 OR PART 2) |
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| this the bud wid wid wid | Ö | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F. | ARM, ETC.) 211 LOCATION STREET | CITY OR TOW | N COUNTY STATE |
| NG offer of the offer the | arked | | AT WORK AT WORK | | | | |
| SND of or use use Heal | E SI | | 220.1 certify that (I) (this hospit | all attended the deceased fram_ | June , 19 70 | _ to aug | 17 , 19 79 that (1) (we) last |
| ATTE Sspirt CTC d for | n 21 | | saw the deceased alive an above, (I) (we) (did) (did not | view the body after death. | | death accurred an Whe do | ate and haur and from the causes stated |
| OR birther Dep | # #eı | 71 | 226. SIGNATURE | 10. | DEGREE ATTENDING V | MEDICAL STAF | 224 DATE SIGNED |
| by the ERAL e detc | | | Home a. | Moran | m. O. PHYSICIAN | DIRECTOR PHYSIC | IAN [8/13/19 |
| HOSPITAL ined by the FUNERAL ould be det | RIA | | 22d PHYSICIAN'S NAME (TYPE OR | PRINT) | 22e ADDRESS | 1 - | 0/4 H |
| TO HOSPITAL retained by 1 TO FUNERAL shauld be de | 04 | | JOHN F | 1. MORAN | 213 W, W | ashington | L., Hegestown |
| 7 7 7 5 7 | 2 | 23a (| BURIAL, CREMATION, REMOVAL | 23b. DATE 23c. N | NAME OF CEMETERY OR CREMATORY | 23d. LOZATION CITY OR TOWN | COUNTY STATE |
| BP | -100 | | Burial | 8-15-79 R | est Haven Cemet | | rstown, MD |
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| (VR A 15 (4)) | | R | est Haven Fun | eral Home Hag | erstown, MD aug | 1 6 1979 | tistry Mc Bready |

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FOR

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DHMH - 16 50M 1/76

(VR A 15 (4))

REGISTRAR

COUNTY STATE and that in (my low) apinian death accurred on the date and have and from the causes stated 22c. DATE SIGNED 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) MD Wash. Hagerstown Cemetery Burial 24 FUNERAL DIRECTOR ADDRES 601 Penna. Rest Haven Funeral Home Hagerstown,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

INDUSTRY

YES [

26. HOUR

12b. KIND OF BUSINESS OR

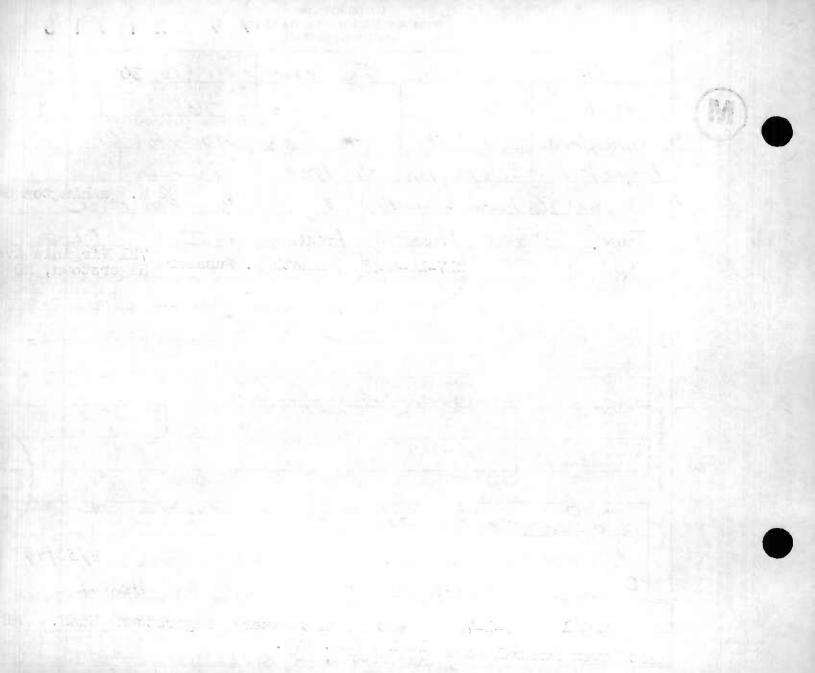
Washington St

Virginia Av

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Immediate



FOR - STATE

DHMH - 16 50M 1/76

(VR A 15 (4))

BALTIMORE CITY OR COUNTY OF DEATH Washinton 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY self employed Rt. 2 Kimps Mall Drury Clarence Pike Jr. Rt. 2Box73 Boonsboro, MD21713 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOCK - CARDINE ARREST FEPTICENIA - EM STOCK REMAL DISTIBLE DUE TO. OR AS A CONSEQUENCE OF CHROMI PYFILS MEDIMITS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED lookow MEADON DRIVE STATE COUNTY Broadfording Cemetert Hagerstown Washington 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Osborne Funeral Home P.O. Box 348 Williamsport.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE 9

CERTIFICATE OF DEATH

DAY

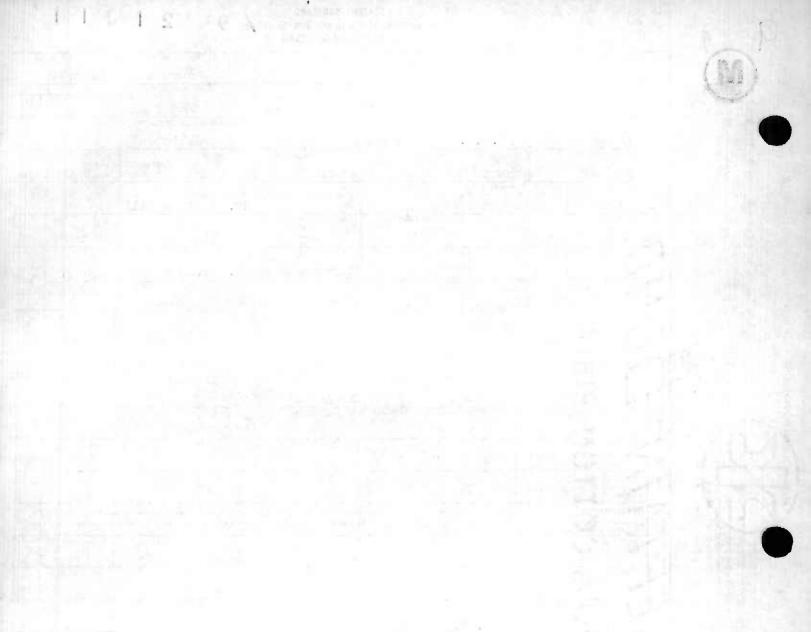
1979

DAYS

IF UNDER 1 YEAR

2h HOUR

IF UNDER 24 HRS



| | | FOR | | DED 4 DVI | | E OF MARYLAND | 2 0 2 1 | 0 1 | 2 | |
|-----|--|--|--|---|---------------|--|---|-------------------|-----------------|--|
| | 1 - | STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGUNE 9 2 1 0 4 4 CERTIFICATE OF DEATH | | | | | | | |
| | | CEASED NAME FIRST | | MIDDLE | | LAST | REG. NO. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR | | | |
| je. | (TYPE | ORPRINT) ALBER | T WI | LBUR | K | LATT | ALGUST 12, | 1979 | 620/A | |
| | 3. SE | | 4 RACE | -13-14 | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS | |
| | | Male | White | | Jan | 25, DAY 1911 AR | 68 YRS. | MONTHS DAYS | HOURS MIN. | |
| | 7a. BI | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 AAA PRIS | D A NEVER MARRIED | 9 BALTIMORE CITY OR COUNT | Y OF DEATH | | |
| 12 | | Ohio | U.S | | WIDOW | ED DIVORCED | Washington Con | unty | MD. | |
| 79 | (IF NOT IN SU | | | HOSPITAL, NURSING HOME OR OTHER INSTITUTION CHEACHLY, GIVE STREET ADDRESS) gton County Hospital | | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Consultant 12b. KIND OF BUSINESS OR INDUSTRY Cemetery | | | |
| 35 | 13a. S | AL RESIDENCE (IF NURSING HOME STATE 13b CO Laryland Was | OR OTHER INSTITUTION UNITY Shington | 13c. CITY OR TOW Hagersto | N | 13d INSIDE CITY LIMITS? YES NO | 336 South Cle | veland A | venue | |
| 2/4 | 14. F.A | THER'S NAME Ensign | WIDDLE | Platt | 9 | 15 MOTHER'S MAIDEN NAM FIRST Minnie | | Ashma | | |
| 1 | | VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES, | ARMED FORCES? GIVE WAR OR DATES) | 166 SOCIAL SECU 296-01-9 | | 17 INFORMANT Florence M. P | Platt Hagerstown | | and Ave. | |
| | | 18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU | only one couse per | line for (a), (b), and | d (c) | | mager a down | APPROX | MATE INTERVAL | |
| | | | SED BY: IATE CAUSE (a) | | CANA | | CHAPIN INFARCTO. | N SU | UPEN | |
| | 4 | 410 - DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | |
| | | Conditions, if ony, which gove rise to immediate ANTERIOSCLERATIC HEPAT DISEASE | | | | | | YEN | ens | |
| | | couse (a), stating the underlying couse lost | De Due to, or as a consequence of | | | | | | | |
| | | DART 2 OTHER SIGNIFICAN | ((c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d | | | | | VENTINI DART 1 | | |
| | NO. | RENAL FAILU | Address of the last | | LIFUS | THO RELATED TO THE TERM | INAL DISEASE OR CONDITION OF | VEN IN PART 10 | | |
| | CATI | 190 DATE OF OPERATION | ITION FOR WHICH OPERATION WAS PERFORMED | | | 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED UN CERTIFYING CAUSES OF DEATH? | | | | |
| 2 | CERTIFICATION | 7-31-79 | A-V | FISTULA FO | on HE | MODIALY SIS | | ES [| NO [| |
| 9 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 216 TIME C | FINJURY M. MONTH DA | YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM 18, | PART I OR PART 2) | | |
| - | EDICAL | (IF EITHER, NOTIFE MEDICAL EXAMIN | ER) P. | м. | 19 | | | | | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, STI | OF INJURY REET, FACTORY, OFFICE, F. | ARM, ETC.} | 211. LOCATION STREET | CITY OR TOWN | COUNTY | STATE | |
| | 220.1 certify that (1) (his haspital) attended the deceased from TULY 8 19.79 to AUFUET 12 19.79 | | | | | | | | | |
| | | sow the deceased alive above, (Mwe) (did) (fid | not view the body | ofter death. | 9, 0 | nd that in my (our) apinion o | death occurred on the date and ho | ur and from the | couses sloted | |
| | | 221. SIGNATURE DEGREE 221. DATE SIGNED | | | | | | | | |
| | | 12 fille | | | M. | PHYSICIAN L | DIRECTOR PHYSICIAN | AU6- | 12,1979 | |
| 1 | | BARRY M. | COHEN | | | | OWN, MD. 217 | 40 | | |
| | 23a. E | SUPIAL CREMATION PEMOY | AL 23b. DATE | | | CEMETERY OR CREMATORY | 23d. LOCATION | COUNTY | STATE | |
| | | SPECIFY) Burial | 8-15 | -/9 R | ock C | reek Cemetery | Washington, | | D.G. | |
| | | UNERAL DIRECTOR | | ADDRESS | | The state of the s | E REC'D. BY REGISTRAR 25b. REGIS | TRAR'S SIGNAT | URE | |
| | A. | K. Coffman Fu | neral Hom | e, inc., | ager | stown, Md. A | 00 T (13/3) | 1-7/1 | - Worly | |

CHICAL TO A CONTRACTOR OF THE PARTY OF THE P 93 227 Ageryteum - weight toom Sounty 1/5gritel Longtitant - mustymenty Saryanni Washington Daterstown A motorest of motors of markets 355 Louis Clevelleud ave. - 296-02-1907 Coreace o. Platt Harraton, Mr. Dill AND THE RESIDENCE OF THE PARTY encomplement to Green Avenue Monte, President Labette

| 7 | | | | | | STATE OF MARYLAND | | |
|-------------------|---|-----|----------------|--|--|--|---|--|
| | | | 1 | FOR | DEPAR | TMENT OF HEALTH AND MENTAL HYC | GIÈNIE 9 2 | 0 1 3 |
| | | | 1 - | STATE REGISTRAR | | CERTIFICATE OF DEATH | are No | |
| | | | DEC | EASED NAME . FIRST | MIDDLE | - IAST | REG. NO. 20. DATE OF DEATH MONTH DAT | Y YEAR 76 HOUR |
| | 0 75 | | {TYPE | OR PRINT) | 1 7 | D. Janista | 1 | 10-10-155- |
| | > 14 | \ L | | Anna | - /< ' | Mageway | THUS UST 12 | M I I I PM |
| | E P | 3 | 3. SEX | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | | UNDER I YEAR IF UNDER 24 HRS |
| | 4 | / | | Female | White | June 2, 1902 | 77 YRS. MO | INTHS DAYS HOURS MIN |
| | Pog 1 | 1 | 7e BIR | THPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | 2 8 | 9 BALTIMORE CITY OR COUNTY C | F DEATH |
| | 27 Jah. | 25 | 19 | 2 MD4 LOUD | 11, C. A. | MARRIED NEVER MARRIED | A SHADOW LIP SOURCE STORE AND A STORE AND | |
| 1-1-2 | dec dec | - | 10 (1) | Y OR TOWN OF DEATH | 11 NAME OF HOSPITAL NURS | WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION | Washington Cour | 12b. KIND OF BUSINESS OR |
| | the state of | 91 | | agerstown | Western Maryl | ET ADDRESS] | (TYPE OF WORK FOR MOST OF WORKING LIFE) | INDUSTRY |
| 201 | 1 ST 1 | 11 | | | | | VILLEIZK | INTERNALKEL |
| MARYLAND 21201 | yin 24 hours ly filled in should be | 20 | USUA 13a. S | L RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TO | ORE ADMISSION) WN 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 11 |
| 2 | 24 Filled | 35 | N | APYLAND D | G. 41113 | SIDC YES NO P | 5341-50014 | ERN AUC |
| YLA | rthin 2 sh | | II FA | THER'S NAME | | 15 MOTHER'S MAIDEN NA | | |
| AR | > 0 - > | 160 | | | MIDDLE 145T | DI MOR | TILO MIDDLE | 0XEDI1 |
| | = 0 | | 16- 14 | AS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SEC | CURITY NO. 17 INFORMANT | ADDRESS | ONSON |
| BALTIMORE | e execut n and ca Pages t | 2 | | | E WAR OR DATES) | 1-112/ H) | · - 7) | 1 17 |
| ₹ E | be e | | | 100 | 5/9-2 | 6666 ENICABE | IH F. VENNIS | HS IN 12A |
| 3AL | 0 00 = 4 | | | 18 CAUSE OF DEATH (Enter or | nly one cause per line for (a), (b), o | and icid. T | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 7 | physimovo | | | PART I. DEATH WAS CAUSE | ED BY. TE CAUSE (a) | Lnaniti | on | 6 mos |
| N ST | ling ribo | | | 4200 | | | / / | |
| 010 | tend tend e co | | | Condition | DUE TO, OR AS A CONSEO | DENCE OF AMIZIMON | Coro Dry | 1025 |
| PRESTON | he de he off emov matic | | | Conditions, if any, which gave rise to immediate | (b) | / www.eu | arteriosclera | 10 Years |
| * | by th by th cren | | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEO | UENCE OF | ar legiosciera | 30 / |
| 201 | + p = 0 = 5 | | | | (c) | | | |
| S, 2 | ire gne bur | | 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | AINAL DISEASE OR CONDITION GIVEN | IN PART Ital |
| RECORDS, | 0 | | 9 | 1900 | MAI CO | ntusion, ex | tensive skiv | 1 UICEKS |
| S | bee prio | 1 | S S | 190. DATE OF OPERATION | 196 CONDITION FOR WHIC | HOPERATION WAS PERFORMED | | WERE FINDINGS USED ING CAUSES OF DEATH? |
| ~ | bon. | 4 | E | | | | YES NOTH YES | □ NO □ |
| DIVISION OF VITAL | SICIAN: The lag physician. certificate har certificate har entol Hygiene har 18 shows | 0 | CERTIFICATION | 710. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18, PAR | T 1 OR PART 2) |
| 70 | SICIAN ng ph certific uriol-tr tentol th | | | OR CONTRIBUTING CAUSE OF DEA | | | | |
| Z | HYSICIA Ins certif buriol-t Mental | | MEDICAL | 21d INJURY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 211, LOCATION | | |
| ISIC | de te p | | WE | WHILE IT NOT WHILE IT | (AT HOME, STREET, FACTORY, OFFIC | | CITY OR TOWN | COUNTY STATE |
| 2 | 4. 40 = 0 | | 5 | AT WORK | | 8 9 79 | × 17 | 79 |
| | TENDI tolor OR: A | | | | ital) attended the deceased fram | 7 6 | | , that (I) (we) last |
| | TTE pirk prik prik prik prik prik prik prik | | | saw theodeceased alive an | it view the body over death. | , and that in (my) (aur) apinian | death accurred an the date and hour | and from the causes stated |
| | · 是 田 是 臣 是 | | | 276 ASNATARE | MO | DEGREE | | 22c. DATE SIGNED |
| | 10000 | | | Laura. | 10 tile | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 18-12-74 |
| | To Marie | | | THE PHYSICIAN'S NAME (THE | PRINT) | 22e. ADDRESS | / 1 | |
| | claimed Floring to Fund Mould the | 7 | | FALDIN (| 18/21 | MD ISAA Pau | n Harrist | 111 717 Un |
| | De De de | | | CONTRA (| - ILITEM | 110 1300 181 | 11 144ELOROM | 11/170 |
| 2/ | 20 | 100 | (S | JRIAL, CREMATION, REMOVAL | 23b. DATE 23 | NAME OF CEMETERY OR CREMATORY | 73d LOCATION | OUNTS OF STATE / |
| 900 | BP | | | BURIAN | 8-15-19791 | NASHINGION NA, | 1. SUILLAND | 4.6. 111d- |
| | DHMH - 16 50M 7/77 | | 24. FU | NERAL DIRECTOR 6. 7 | KALASADDRESS | FUNFICATORE 15 DA | TE RECID. BY REGISTRAR 256. REGISTRA | IR'S SIGNATURE |
| | (VR A 15 (4)) | 1 | | 6160-0X | ON HILLE | MARYHAND A | ne 191919 | 7 7 7 7 7 |
| | | - | _ | | | | | |

6 1 0 1 S 1 0 1 3 AND R. Ridgeres August 12 1777 P. Myserium For Hollson Settem Me BETANNE CERTE LITTERIER NOT THE STATE TO SERVED IN STREET A SERVED WAS IN 184 Inspittion 6 mes ANDREW CONTRACTORS AND CONTRACTORS Mercial Confusion, extensive sich vices Edwin G Kilo W MO 1500 Fem / Egestour 21740 BORDE BUSINE MOSSINGHINE PAR SUTEARD AC. PER-

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse 10), stoting the

underlying couse

190 DATE OF OPERATION

21d INJURY OCCURRED

(IF EITHER NOTIFY MEDICAL EXAMINER)

DEPARTMENT OF HEALTH AND MENTAL HYGISAE

REG. NO 20 DATE OF DEATH MONTH 2b HOUR

August 15, 197 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 84 BALTIMORE CITY OR COUNTY OF DEATH Washington 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Teacher.secretar 13e STREET ADDRESS

19 Maryland Ave.

Mae

MIDDLE

Hancock

LAST

APPROXIMATE INTERVAL

IMMEDIATE CAUSE clarter He & Alexand DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

220.1 certify that (I) (this hospital) attended the deceased from

23b DATE

obove, (1) (we) (did) (did not view the body ofter death

P.M.

21e PLACE OF INJURY

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

200 AUTOPSY?

NON

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY STATE

22h. SIGNATURE

sow the deceosed olive on_

NOT WHILE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

WHILE AT WORK

CERTIFICATION

MEDICAL

prior

Hygi

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be deto MPORTANT:

ld b

Shoul

00

22d PHYSICIAN'S NAME (TYPE OF PRINT) DJ. BOYER WD

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

MD

8-15-79

PRESTON ST.

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 1/76 (VR A 15 (4))

burial 24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

1979

8-15

Paul's Cemetery

Funeral Home P.O. Box 348 Wmspt., MD

211 LOCATION

earSpri

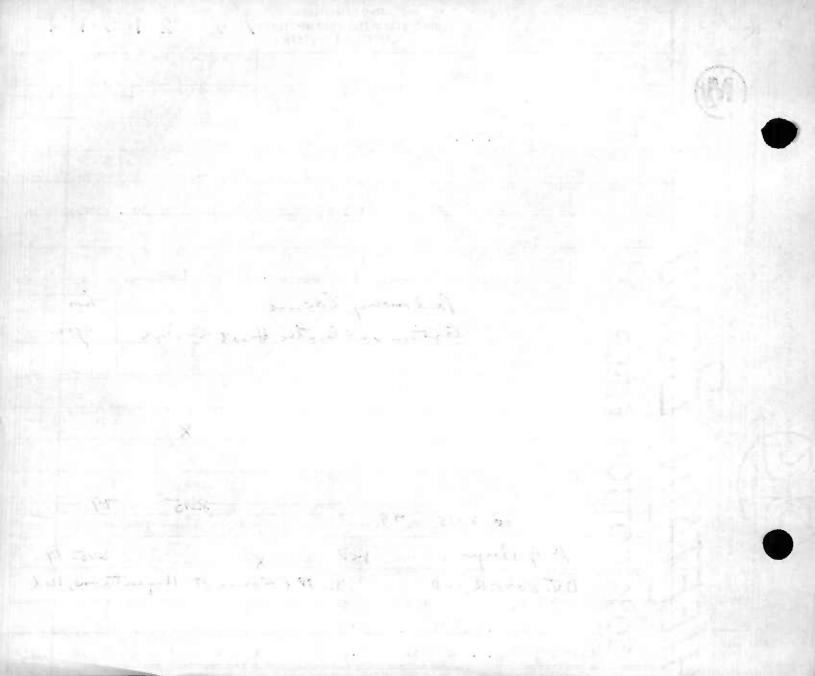
23d. LOCATION

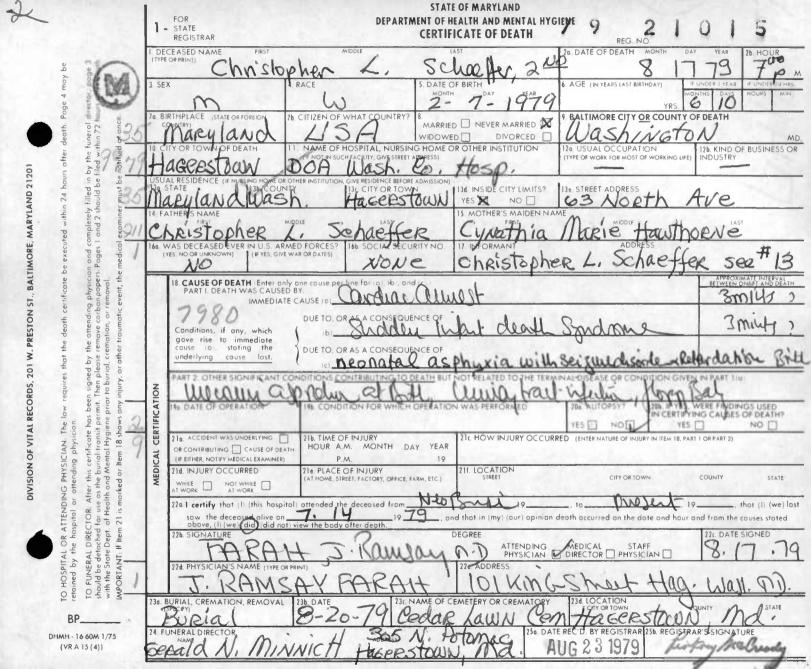
CITY OR TOWN

COUNTY

STATE Washington

250 DATE REC'D. BY REGISTRAR TSS. REGISTRAR'S SIGNATURE





| | 1 - | FOR - STATE REGISTRAR | DEPA | STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GI ÇNE 9 | 2 1 | 0 1 | 6 | | | |
|--------------------------|---|--|---|--|---|---------------------------------------|---------------------------------|-------------------------------|--|--|--|
| | | CEASED NAME FIRST | MIDDLE | Semler | 20 DATE OF DEATH | MONTH DAY | YEAR 79 | 26 HOUR 545 | | | |
| M | SE | Male | 1 RACE Can | 5. DATE OF BIRTH MONTH DAY YEAR Jan. 25, 1918 | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 H | | | |
| 31 | C | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF WHAT COUNTS | RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED | BALTIMORE CITY O | | F DEATH | | | | |
| 00 | _ | lorps burg | 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Route 1, Taylo | RSING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O machinis | F WORKING LIFE | izh KIND C INDUSTRY airci | eaft | | | |
| 7.5 | 13a. S | STATE 13b COU | | | R+ # 1 5 | harps | burg | md. | | | |
| 2/2 | | Harry / H. | Semler RMED FORCES? LIAN SOCIAL SI | Ida Ma | ae Schrade | | LA! | 51 | | | |
| Jiedin 1 | No Was Deceased ever in u.s. armed forces? 166. Social security No. 17 Informant ADDRESS 214-09-6054 Mrs. Catherine Semler, Sharpsh | | | | | | | | | | |
| מוופן זו ספוווסות פינפוו | | PART I. DEATH WAS CAUS 1 | DUE TO, OR AS A CONSEC | | of lung | | | imate intervations et and dea | | | |
| , in [1] | LION | PART 2 OTHER SIGNIFICANT | CONDITIONS <u>CONTRIBUTING</u> | TO DEATH BUT NOT RELATED TO THE TERM | ainal disease or con | DITION GIVEN | IN PART 10 | 0 | | | |
| 2 | CERTIFICATION | 19a DATE OF OPERATION | 196 CONDITION FOR WHI | ICH OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V IN CERTIFYII YES | NG CAUSES | NGS USED OF DEATH? NO | | | |
| 9 | MEDICAL CE | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH | 19 | RED (ENTER NATURE OF INJU | RY IN ITEM 18, PART | 1 OR PART 2] | | | | |
| | MED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI | ICE, FARM, ETC.] | CITY OR TO | VΝ | COUNTY | STATE | | | |
| | | | attended the deceased from Aug 16 | m Cyrul 25, 19 78 | , 10 | 2 9 , 19 ote and hour a | | that () (we) couses stated | | | |
| | | 22b. SIGNATURE Rechard | e E. Amith | | DIRECTOR PHYSIC | FF IAN 🗌 | 22c. DATE | SIGNED 29/7 | | | |
| 1 | | Richard E | Smith, M. | D. 1708 Oak | Hill Ave. | Hage | rstow | on. Ma | | | |

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/76 (VR A 15 (4))

74 FUNERAL DIRECTOR Minnich Funeral Home ALE E.Wilson Blvd., Hagerstown, Md. 21740

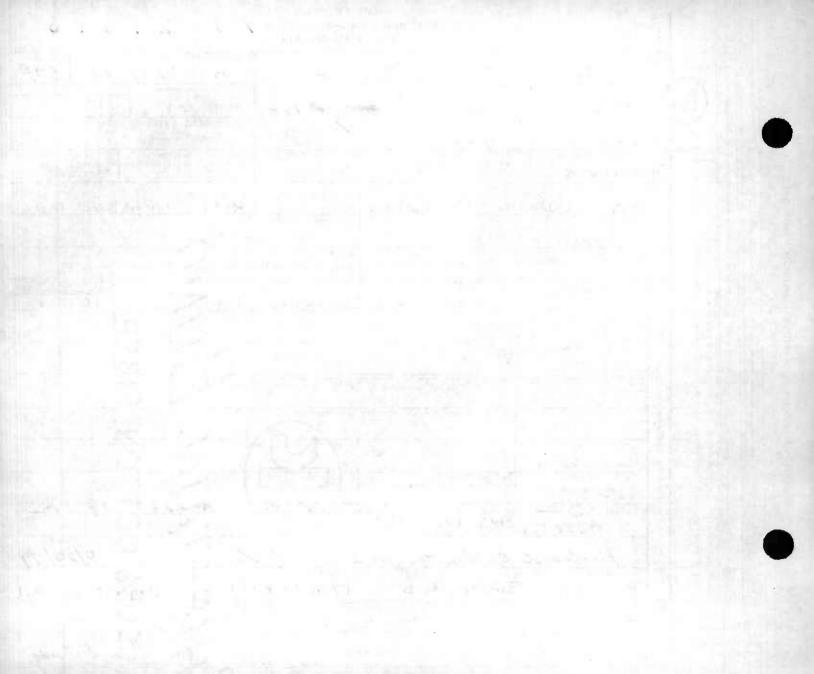
Sept.1,1979

23b DATE

230 BURIAL, CREMATION, REMOVAL burial

23d LOCATION
CITY OF TOWN
Sharpsburg, Wash., Maryland Mt. View Cemetery 25a. DATE REC'D.

Listry Mc Creeky



| | STATE OF MARY |
|-----|--------------------------|
| FOR | DEDADTMENT OF HEALTH AND |

LAND D MENTAL HYGUNE

| - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. | NO. | • | |
|--|---|-----------------------------------|---|-----------|--------------------------------|--|----------------------|-----------------------------------|-----------------|
| 1. DECEASED NAME | FIRST | MID | | | AST | 20. DATE OF DEATH | | AY YEAR | 26 HOUR |
| | Fred | Ar | thur | SH | IANK | August 5 | | 6:00P | |
| 3 SEX | 4 RAC | | | S. DATE C | | 6 AGE (IN YEARS LAST B | | FUNDER 1 YEAR | IF UNDER 24 HRS |
| Male | V | White | | Mai | ch 14, 1891 | 88 | YRS | ONTHS DAYS | HOURS MIN. |
| TO BIRTHPLACE (STATE OR FO | DREIGN 76 CIT | IZEN OF WI | HAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| Clearspring | , Md | U. S. | A. | WIDOWE | - 44 | Washing | gton | | M |
| Boonsboro | | | SPITAL, NURSING | | dr other institution | 120 USUAL OCCUPA (TYPE OF WORK FOR MOS) | | 12b. KIND O INDUSTRY ATTLET | F BUSINESS OF |
| USUAL RESIDENCE (IF NURS 130. STATE Maryland | ing home or other in the state of the state | . 113 | VE RESIDENCE BEFORE B. CITY OR TOWN BOONSDO | | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS | Box 22 | 3 | |
| Abraham | MIDDLE | | Shank | | 15 MOTHER'S MAIDEN NAM | MIDDIE | | Speal | ker |
| 60 WAS DECEASED EVER | IN U.S. ARMED F | | 16-46-66 | | Anna Mary Wel | ler. Rfd. | 1 Box | 223 | 71.3 |
| Cánditions, if any, gave rise to imm cause (a), statin underlying cause | nediate g the D | (b) | AS A CONSEQUE | ZCE OF | were praise | Disease | | ye | au_ |
| | VIFICANT CONDI | TIONS CON | - // | EATH BUT | NOT RELATED TO THE TERM | NAL DISEASE OR CO | NDITION GIVE | N IN PART 110 | 11 |
| Jene 19a DATE OF OPERA: | TION | 6 CONDITI | ON FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| 00.00.120.01.120.10 | AUSE OF DEATH | b. TIME OF I HOUR A.M. P.M. | MONTH DA | Y YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF IN | JURY IN ITEM 18, PAI | RT 1 OR PART 2) | |
| (IF EITHER, NOTIFY MEDIC 21d IN JURY OCCURF WHILE NOT WILL AT WORK AT WO | HILE [] | e PLACE OF IT HOME, STREE | INJURY F, FACTORY, OFFICE, FA | RM, ETC.) | 21f LOCATION STREET | CITY OR T | OWN | COUNTY | STATE |
| 220 I certify that (1) saw the decease above, (1) (we) (c | | Verse | e 2219 7 | - //L | that in (my) (our) apinion of | , todeath occurred on the | date and haur | and fram the | |
| 226. SIGNATURE | diess | More | s a | 0 | | MEDICAL ST DIRECTOR PHYS | AFF ICIAN 🗌 | S/ DATE | SIGNED |
| 22d. PHYSICIAN'S NA Edison | B. MOOD | y, M. | D. | | St. James R | d., Hagers | stown, N | 1d. 217 | 40 |

BP DHMH - 16 50M 1/76

TO FUNERAL DIRECTOR: should be detached IMPORTANT: If He

24 FUNERAL DIRECTOR (VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL

John H. Bast, Jr.

23b. DATE 8- 9-79

Boonsboro, Md. 21713

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF IOWN
St. Pauls, Wash. Co., Md. St. Pails Cemetery

The State Sta

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White the contract of the cont

Num F. Ret. W. Blasson, M. Sille

Boonsboro, Md. 21713

FOR

DHMH - 16 50M 1/76

(VR A 15 (4))

John H. Bast, Jr.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

DESCRIPTION OF THE PROPERTY OF novanian not series of the mount of the series of the The state of the s Title Delication of the contract of the c I TE LET (DETERMENT LET LETTE) IN SET I

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

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| | | | | | | OF MARYLA | | | | | |
|--|-----------------------|--|---------------------------------------|----------------|--------------------|--------------------|----------------|--------------------------------|----------------------|-----------------------------|--|
| L. Drum | 1- | FOR STATE | | | | ALTH AND A | | TYGIENE | 21 | 0 2 0 | |
| 1 ha | 3000 | REGISTRAR CEASED NAME FIRST | | MIDDLE | EXAMINE | R'S CERTIF | ICATEC | PEATH | REG. NO. | H DAY YEAR | Transport of the last of the l |
| CM | | George George | Alfred | Smi | t.h | | | 20. DATE KN OF E DEATH M | STI d | -79 | 72500 |
| | 3. SEX | | 5. DATE OF BIRTH | DIILL | 6. AGE IN YEARS | IF UNDER 1 YR | . IF UNDER | | MONTE | DAY YEAR | 2d. HOUR |
| DIRE, P. DIRE, P. OUR 172 H | | Mala Como | 3-28-15 | YEAR | 64 YRS. | MONTHS DAYS | HOURS | MIN PRONOUNCE | 0 8-2-7 | 9 | 1130 |
| ジュンスト | | Male Cauc. | 7b. CITIZEN OF WE | IAT COUN | ITDV2 e | | | O RAITIMOS | E CITY OR COU | NTY OF DEATH | 1X |
| NECESSARY, FUNERAL DIR S. FORN YOUR V. WITHIN 72 W., PRESTON | Mi | chigan | U.S.A. | | | MARRIED N | DIVORC | | ashingto | m | 440 |
| | | TY OR TOWN OF DEATH | 11. NAME OF HOS | | | R OTHER INSTIT | UTION | 120. USUAL OCCUPAT | ION (TYPE OF WORL | | ISINESS |
| | На | gerstown | Route 8 | CILITY, GIVE S | IREEL ADDRESS) | | | FOR MOST OF WORKIN | G (IFE) | Dairy | CT |
| A A IN D | USUA 13a S | L RESIDENCE (IF IN NURSING HOTATE 13b. CC | | | OR TOWN | | CITY LIMITS? | 13e. STREET ADDRESS | STATE OF | | |
| 21201 IF ANY AND 3. RETA SHOULL RECOLL | | | sh. | | gerstown | YES 🗌 | | Route 8, | Box 212 | | |
| MD. 2 S 1, 2, 2 P M 3, 4D 2 S VITAL | 14. FA | THER'S NAME | WIDDIE | 100 | LAST | | HER'S MAIDE | EN NAME MIDD | LE | LAST | |
| DEA P P P P P P P P P P P P P P P P P P P | | Kellar | - | | ith | | sie | - | | Medlar | |
| BALTIMORE, IRS AFTER DE GIVE PAGE: WITH FORM WITH FORM DIVISION OF | 16a. V | | ARMED FORCES? DIVE WAR OR DATES) | | CIAL SECURITY N | | | | ADDRESS | | |
| URS AF URS AF WITH PAGE DIVISION | | no | - | | 3-09-521 | Mrs. | Celia | a S. Ausher | man, Hag | | Md. |
| | | 18 CAUSE OF DEATH (Enter PART I DEATH WAS CAL | r anly ane cause per line JSED BY: | | | all fra | a+1170 | with subdu | mad hama | APPROXIMATE BETWEEN ONSE | T AND DEATH |
| ON 24 | | VOO IMMED | DIATE CAUSE (a) | | SSIVE S | KULL I I'd | coure | WIGH SUDGU | Tar Hems | toma no | urs |
| in = 4 = 7 4 | > | Canditians, if any, wh | nich | A0 A COI | ISEQUEITEE OF | | | | | | |
| 01 W. PREST UTED WITHIN N PENCIL IN N PENCIL IN NALTRANSIT MENTAL HY OR REMOVA | | gave rise to immedi cause (a) stating the und | | AS A CON | SEQUENCE OF | | | | | | |
| E HAXXAN | | lying cause last. | (c) | | | | | | | | |
| ON BELLE | | PART 2 OTHER SIGNIFICANT CONDITI | | BUT NOT RELA | TED TO THE TERMINA | DISEASE OR CONDITI | ON GIVEN IN PA | RT 1 (a). | | 1 | |
| FAL RECORDS, HOULD, BE EXE RD "PENDING" USED AS A BI OF HEALTH AN ULCREMATION ULCREMATION | 20 | chro | nic alcohol | ism | | | | | | | |
| ITAL REC SHOULD B RRD "PEN CHEF M E USED A OF HEAL | CAT | 190. DATE OF OPERATION | 19b. CONDIT | ION FOR | WHICH OPERAT | ON WAS PERFO | RMED? | | | 20 AUTOPSY | |
| F VITAL TE SHOWNED WORD WORD HE CHIE | TIE | | | | | | | | 45.65 | YES 🔣 | NO 🗆 |
| 0 4 4 5 5 8 | MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS | | MONTH | DAY YEAR | | y occurre | D (ENTER NATURE OF INJURY | IN ITEM 18 PART 1 OR | PART 2) | |
| HIFK S TH TO HOU SART/ | ICA | UNDERLYING OR CONTRIBUTING CAUSE (| | | | I CATION | at II | | | HEAD TO THE | |
| CERTING TING TOPE STATE TOPE STAT | MED | WHILE NOT WHILE | 21e. PLACE C | ORY, FARM, E | TC.) | STREET | 8 Bo | x 212 cm Hage | rstown. | May 217 | 40 STATE |
| WAI WE | | AT WORK AT WORK | 23 | III.C | | | | | | | - |
| EXAMINER: CERTIFICATE OULD BE FOR DIRECTOR: , WITH THE S AARYLAND 2 | | 22a. I certify that I taak ch | arge of the remains desc | cribed abo | | Autapsy X, | Inspectio | n X, Inquiry X | , and in my | apinian | |
| MAIN TIFIC BE ECT TH T | 25 | death resulted fram: N | atural causes : | Accident | Suicid | e | nicide/ | Undetermined mann | er . | | |
| CER CER | | ACTUAL | achlan. | fre | 6 | | (SPECIFY) | | DAT | 8-2- | 79 |
| CAL THE SHO SHO SATH ATH | | SIGNATURE | e - cui | , , , , | | M.D | Jep. | MEDICAL EXAMIN | ER SIGN | NED | 17 |
| TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: ATER DEATH, MINT HE S BALTIMORE, MARYLAND 2 | - | EXAMINER'S NAME E | .Hawbaker, | M.D. | | ADDRESS. | 645 | E. 1st St, | Hagerst | own, Md. | |
| TO A EXEC PAGI TO P | 23a. BI | JRIAL, CREMATION, REMOVA | | | NAME OF CEME | ERY OR CREMA | | | | • | |
| BP | 15 | HuMal | Au. 5, 1979 | | | Cemete | rv | Smithsbur | rg, Wash | ., Maryla | nd |
| DHMH - 17 | 24. FI | NERAL DIRECTOR | 2. No | 00 | | | 250. DATE | REC'D. BY REGISTRAR | 25b. REG TRAUE | SIGNATURE | du |
| (VR A15 ME (5)) 15M 7/77 | I | avis Funeral | Home; Smith | sbur | g, Maryl | and | | 1000 1 1313 | | -100 | 1 |

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| | 11. June. 0- 5-1. | |
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415 H. Wilson Blvd., Hagerstown, Md. 21740

- STATE

(VRA 15, 4) 7/78

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

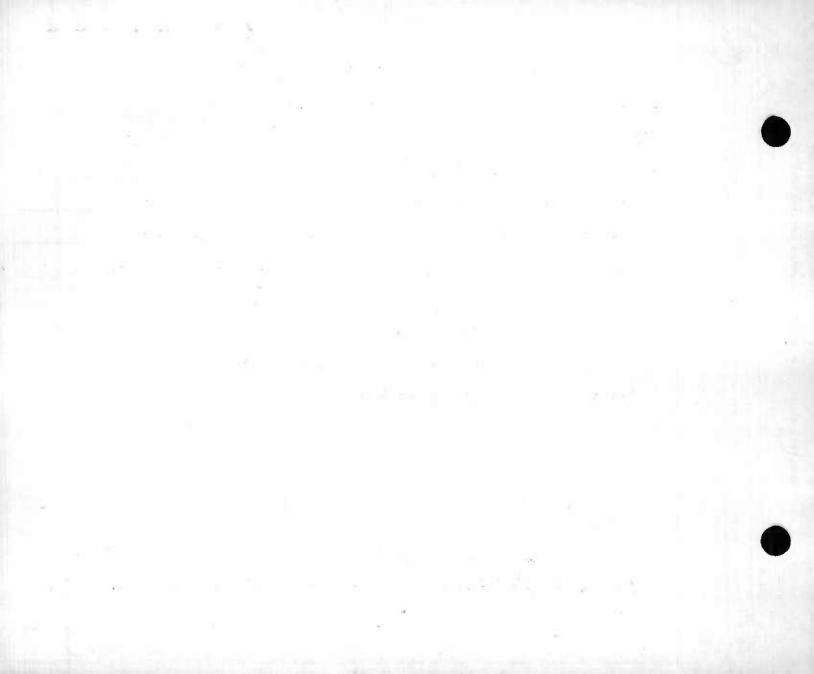
2b. HOUR

HOURS.

LAST

IF UNDER 24 HRS

STATE



injury, ar ather traumatic event, th

MPORTANT: If them 21 is morked ar them 18 shaws any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CEKITE | ICAIE OF DEATH | REC | . NO. | 7 | P | 424 | |
|----|---------------|---|---------------|----------------------------------|----------------------------------|----------------|------------------------------|---|----------------------|----------------------------|-------------------|------------|------------------|
| | | | FIRST UEST | | C. | | en cer | 20. DATE OF DEAT | | 27 | YEAR 79 | 2b. HOU | A M |
| | 3. SE | X | 4 | RACE | | 5 DATE C | | 6 AGE (IN YEARS LAS | r eirthday) | | NDER I YEAR | IF UNDER | |
| | | Male | | White | е | Fe | b. 18, 1892 | MONT | H5 DAYS | HOURS | MIN | | |
| 10 | 70. BI | RTHPLACE STATE OR FORE | ign 71 | CITIZEN OF | WHAT COUNTR | Y? 8 | NEVER MARRIED | 9 BALTIMORE CIT | | DEATH | | | |
| 5 | | averton, Md | | U. S | . A. | WIDOWE | | T.T1-2 | ngton | | | | MD. |
| 2 | Kn | TY OR TOWN OF DEATH | | Rfd. | 2, Box | 217 | PROTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Guard 12b. KIND OF BUSINESS OF INDUSTRY Manufacturin | | | | | |
| 5 | 130. 5 | AL RESIDENCE (IF NURSING STATE ryland | COUNT | THER INSTITUTION, Y Ington | GIVE RESIDENCE BEF | MM | 134 INSIDE CITY LIMITS? | 136. STREET ADDRE | ss Box | x 21 | 7 | | |
| 10 | 14 FA | John | Al | oole n | Spend | er | IS MOTHER'S MAIDEN N | AME MIDOL | | . (| Campb | ell | |
| 1 | (Y | | | ED FORCES? | 166 SOCIAL SE | | 17. INFORMANT | AD | DRESS | 1 0 | Box | 201. | |
| | No | • | | | 234-01- | 9222 | Mr. Clinton | L. Spence | r, mic | 1. 2 | DOX | M-3 | |
| | ION | Conditions, if ony, w gove rise to immed couse (a), stating underlying couse | the last. | (b) | R AS A CONSEG | ATT C A | DENO CARCINO | | ONDITION | | N PART 100 | no: | 5 |
| 7 | CERTIFICATION | 19a. DATE OF OPERATIO | N | 19b CONDI | TION FOR WHIC | CH OPERATION | N WAS PERFORMED | 200 AUTOPSY? YES □ NO□ | IN CER | YES, WE RTIFYING YES | RE FINDING CAUSES | OF DEAT | TH? |
|) | MEDICAL CER | 210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU: | SE OF DEATH | P.A | M. MONTH M. | DAY YEAR | 21c. HOW INJURY OCCU | | | 18, PART 1 (| OR PART 2) | | |
| | MED | 21d. INJURY OCCURRED WHILE AT WORK AT WORK | | 21e PLACE ((AT HOME, STRI | OF INJURY EET, FACTORY, OFFIC | E, FARM, ETC.) | 211 LOCATION STREET | CITY OR | TOWN | C | OUNTY | ST | TATE |
| | | 220.1 certify that (1) the saw the deceased a above (1) (we) (did) | alve on _ | | 0/0 19 | , on | d that in (my) (our) opinion | , to | 5/2/ e date and l | | | couses sto | we) lost ated |
| | | 22b. SIGNATURE | llge | | | M | | MEDICAL S DIRECTOR PHY | STAFF SICIAN [| | ZZC. DATE | 27/ | 29 |
| 1 | | 22d. PHYSICIAN'S NAME | <u> </u> | ALLEA | ner | | BRUNS | swick | Nd. | 2 | 1716 | 5 | |
| | 23a B | URIAL, CREMATION, REA | MOVAL | 23b. DATE 8-30- | | | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | 1116 | LAID OUN | | | ATE |

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

24. FUNERAL DIRECTOR
JOHn H. Bast, Jr.

Boonsboro, Md. 21713

AUG 3 1 1979 Linkry Received

72-4-13 rat al .cn L. British 15 . 5 . 3 . 11 0.74 105 706 .5 .52 ALC TIONE BUSINESS 10..c: J.Document = 1200 della ora lin. Climan i. Dancen, Mr. C Mx Toll SAUL CAF PACTREE ADDRESS OF PRESENT 18 MET 011 Brunseyen IN BUTH STICKE DITTE TOTAL College Defend of the real light of the second state of the second secon

John H. Bast, Jr. Boonsboro, Md. 21713

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND

Detailed in a pro-NOT SELLING. The secondary deviation was any of the commence of the commenc to a management eoga elweroc Cal Buc 43 . Ke the color of the same of the s A LE CONTROL OF STREET STATE OF THE STREET STREET, STREET STREET, STREET STREET, STREE . Ave. 100 . Long to All Community . Inc. 15 Line William . Community . Commun Visit it to be yet a divinition of the light

completely filled in by the funeral director . I and 2 shauld be filed within 72 haurs of

remove carbanpapers. Pages 1

should be detoched for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

morked or Item 18 shor

IMPORTANT: If hem 21 is

MEDICAL

use as the burial-transit permit. Then please

TO FUNERAL DIRECTOR. After this certificate has been signed by

attending physicia

etained by the hospital

BP.

O HOSPITAL

notified of once.

medical

njury, or other traumatic

Page .

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

| | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO | | 4 4 | | |
|---|--|---|----------------------------|-------------------------|---|----------------------------|--|--|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Phillip | ROSS. | | recher | 20. DATE OF DEATH | 8 16 7 | 9 4 20 A M | | |
| | 3. SEX Male | Cau. | 5. DATE O MONTH Apri | DAY YEAR | 6 AGE (IN YEARS LAST BIRTH | MONTHS D | AYS HOURS MIN | | |
| 5 | 7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNTRY? USA | WIDOWE | | Washing | ton | MD. | | |
| 7 | Hagerstown | 1 | unty | | 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF | WORKING LIFE) INDUS | rig. mfg. | | |
| 5 | | n other institution, Give residence before NTY 136. CITY OR TOWN hington Boonsbor | 4 | YES NO X | | , Route 1 | | | |
| ٥ | Phill | | | | Armstrong | | LAST | | |
| | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV YES | RMED FORCES? We war or dates) W. II | RITY NO | Mrs. Doris | E. Sprecher | | o, Md. | | |
| | PART I. DEATH WAS CAUSE | nly one cause per line for (a), (b), and ED BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUE! | mon | ia | | APP Define | PROXIMATE INTERVAL JEEN ONSET AND DEATH | | |
| | Conditions, if any, which gove rise to immediate cause 10', stating the underlying cause last. | | 200 | f Calion | | 2 | -years | | |
| | | CONDITIONS CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR COND | ITION GIVEN IN PAR | T 1(o) | | |
| 190 DATE OF OPERATION 190 CONDITION FOR WHICH | | | | N WAS PERFORMED | 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO | | | | |
| 3 | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | WEAD | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY | IN ITEM 18, PART 1 OR PART | T 2) | | |

21e PLACE OF INJURY

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f. LOCATION STREET

CITY OR TOWN

(aux) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

saw the deceased alive or above () (we) +did) did no view the bady ofter death

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED

E. Smith, W.D

22e ADDRESS 09 Oak

23c. NAME OF CEMETERY OR CREMATORY

| 230 BURIAL, CREMATION, R | 23b. DATE Aug. 18, 1979 |
|--------------------------|----------------------------|
| 24. FUNERAL DIRECTOR | Minnich Funeral |

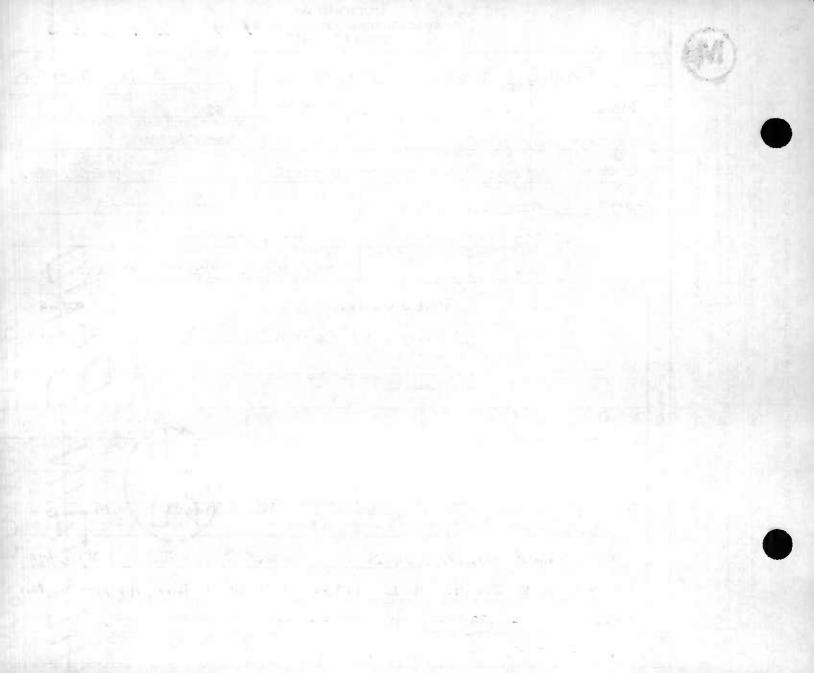
22a.1 certify that (1) (this haspital) attended the deceased from

Home

23d. LOCATION
CITY OR TOWN
Hagerstown, Wash., Maryland Rest Haven Cemetery

DHMH - 16 50M 1/76 (VR A 15 (4))

Wilson Blvd., Hagerstown, Md. 21740



| 12 | | OR TATE | | | DEPART | STAT MENT OF I | | AARYLAN AND MI | | YGJENĘ | | 0 | 1 8 | e) 1 | |
|--|---|-----------------------------------|---------------------------------|--|----------------------------------|--------------------------------|-------------|-------------------|----------------|-------------|---------------|-----------------|--------------|----------------|----------|
| 14 | R | EGISTRAR | | ME | | EXAMIN | ER'S | CERTIFIC | CATEO | FOEAT | H | REG. NO | 1 0 | 20 | |
| | | EASED NAM! OR PRINT) | | | MIDDLE | 12.712.6 | | LAST | 100 | 20 | DATE K | NOWN D | | DAY YEAR | 2b. HOUR |
| URS EET, | | | Jose | | And | | | ARTZI | | | DEATH / | MATED E | Aus | 301979 | 130 AM |
| Profits HOUR STREE | 3. SEX | 1.0 | white | 5 DATE OF BIRTH | YEAR | 6. AGE (IN YEA LAST BIRTHDA | Y) MONT | DER 1 YR. | HOURS | | RONOUNG | CED n | MONTH - | DAY YEAR | 2d HOUR |
| NOTO NOTO | | THPLACE (51 | | May 20, | L942 | 37 YR | 1 | | | - 19 | DEAD | RECITYO | & COUNT | 1979 | 2-2M |
| HECESS IN THE PRESTON YOU PRESTON YOU | FOR | rvlan | | 1 3 2 3 3 | USA WIDOWED DIVORCED WAShington | | | | | | | | | | |
| S # # 8 3 | | YORTOWN | | 11. NAME OF HOS | PITAL, NU | RSING HOME | | | | 12a. USUA | L OCCUPA | ATION (TYPE | | 2b. KIND OF BI | JSINESS |
| PELAY TO TH TO TH PAG 39, 30 | | gerst | | Washine | gton | Count | | ospit | al | | ner | NG LIFE) | 1 | or indust | |
| D. 21201 H. IF ANY DELAY IS NO. 2. AND 3 TO THE SAME SAME SAME SERIED. ALIRECORDS, 301 W | 13a ST | RESIDENCE ATE yland | 136. COUNT | r other institution, gi ry naton | 13c. CITY | OR TOWN | _ | 13d. INSIDE CI | ITY LIMITS? | 13e. STREE | | s I Road | Ext. | | |
| MD. 2 S 1, 2, PA 2, VITA | 14. FA | HER'S NAME | | WIDDLE | | LAST | | 15. MOTHE | R'S MAIDE | | MID | | | LAST | |
| ORE, ME | | | arles J | | | | | | na Gr | ossn | | e | | 17701 | |
| BALTIMORE, MD. JRS AFTER DEATH GIVE PAGES 1, WITH FORM PM. PAGES 1, AND 2 DIVISION OF VITA | (YES | , NO, OR UNKNO | EVER IN U.S. ARA | | 166 SO | CIAL SECURITY | NO. | 17 INFORM | | | | ADDRESS | | | |
| BALTIMO URS AFTER B. GIVE PA WITH FO DIVISION | N | | | | | | | Mrs. | Mary | Star | tzman | , Hag | ersto | wn, Md. | |
| | 35 | PARTIDE | ATH WAS CAUSED | y ane couse per line BY: | | | | 5. 6. | - 4 | E | | | | BETWEEN ONSE | |
| | 4149 IMMEDIATE CAUSE (a) 411 - Acute + Subacute Form of | | | | | | | | | | 2 5 | | | | |
| S, 301 W. PRESTON ST., RECUTED WITHIN 24 HOI AL EXAMINER AIONG BURAL-IRANSIT PERMIT ND MENTAL HYGIENE, NO. OR REMOVAL. | | | s, if ony, which | (6)] | -sch | eruic | He | art | Dis | iear | 0. | | | 2-5- | 7,3 |
| OT W. I | | | stating the under- | DUE TO, OR | AS A CON | SEQUENCE C | F | | | | | | | 574.03 | |
| S, 301 CECUTE S'' IN P BAL EX, AND | | | | (c) | | | | | | | | | | | |
| CORD BE EXUDING WEDIC WEDIC WETH A | | PART 2 OTHER SIG | GNIFICANT CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELA | ITEO TO THE TERMI | VAL DISEASI | OR CONDITION | N GIVEN IN PAR | T 1 (a). | | | | | |
| ITAL RESPONDED TO THE PERSON OF HEAD | CAT | 19a. DATE OF | OPERATION | 19b. CONDI | TION FOR | WHICH OPER | W MOIT | AS PERFOR | MED? | | | | | 20. AUTOPSY | ? |
| VITAL ORD ORD ORD ORD ORD ORD ORD ORD ORD ORD | RTFI | OL EVIEDALA | L CAUSE WAS | 211 71145 01 | 4.14.4814 | | Ta: | | | | | | | YES 🗆 | NO 🔀 |
| CERTIFICATE SH TING THE WORN SED TO THE CI SED TO THE CI DEPARMENT OF PRIGR TO BURIAL | 10 | UNDERLYING | | EATH P.M | MONTH | DAY YEAR | 71c. HC | OW INJURY | OCCURRED |) (ENTER NA | TURE OF INJUI | RY IN ITEM 18 P | ART I OR PAR | 7 2) | |
| DIVISION BIVISION R. THIS CERTIFIC IE. WRITING TH DRWARDED TO S. PAGE 3 SHOU S. TAGE DEPARTO 21201 PRORTO | MEDI | VId. INJURY C WHILE AT WORK | CCURRED NOT WHILE AT WORK | 21e PLACE (STREET, FAC | OF INJURY TORY, FARM, E | (AT HOME, TC.) | | CATION | | | CITY OR TOWN | ν | COU | NTY | STATE |
| EXAMINER: CERTIFICATE THE FOR THE SAMINER: WITH THE SAMINER: ARYLAND, 2 | | | y that I took charge | of the remains des | Accident | | Autap | y , Homic | | | Inquiry [| | d in my opi | nion | |
| EDICAL TE THE 4 SHOL INERAL DEATH, AORE, M | | SIGNATURE | Schward | CW. A | He | TIC | M | D. D. P | uty | MEDIC | AL EXAMI | NER | SIGNED | Hus 31 | 1929 |
| MEDIO ECUTE IGE 4 FUNE TER DE | | XAMINER'S I | IT) 1-040 | rd W. | 017 | 40 TT | | ADDRESS 2 | | was | | L. Ite | ryers | Hown, 1 | 46 |
| | SP | CIFY) | ION, REMOVAL 23 | | | NAME OF CEM | | | | 23d. LOC. | TOWN | | COUNT | ry s | TATE |
| BP | | rial | TOR Minn | ept 4, 19 ich Funer | 19 Res | st Have | n Ce | meter | ZSa. DATE R | | | | ash., | Maryla | nd |
| DHMH - 17 (VR A15 ME (5)) | | NAME | T.IIIII | lvd., Hac | | | 21 | | FP6 | 1979 | | intray | Mach | | |
| 15M7/77 | | | MATTOOLI D | Iva, Hac | CLOC | JANII L'IO | • 4.1 | 140 | LIV | 1014 | | | | | |

SELECTION OF THE PROPERTY OF T to make the state of the Burn of THE THE ASSESSMENT DISTRICT

FOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

| | | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. | NO. | | | |
|-----|---------------|--|---|-----------------------------|---|----------------------------|----------------------|-----------------------|-----------------|-----|
| | | CEASED NAME FIRST | MIDDLE | ı | AST | 20. DATE OF DEATH | MONTH DAY | Y YEAR | 26 HOUR | |
| | | WICLIA | m Amx | TR ST | ARTZMA. | ∧ August | 2323 | 1979 | 30% | м |
| | 3. SEX | M | 4. RACE | 5. DATE C | | 6 AGE (IN YEARS LAST) | | UNDER I YEAR | IF UNDER 24 HRS | |
| | | RTHPLACE (STATE OR FOREIGN DUNTRY) | 76 CITIZEN OF WHAT CO | LINITRY2 8 | NEVER MARRIED | BALTIMORE CITY | | F DEATH | 100 | _ |
| 35 | | Maryland | U.S.A. | WIDOWE | | Washi | ngton | Count | V. " | AD. |
| - | 10 C1 | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | | R OTHER INSTITUTION | 120 USUAL OCCUPA | | | F BUSINESS O | R |
| 79 | | agerstown | Washingto | n County | Hospital | Food Bro | ker | Self | Emp. | |
| 35 | 130 S | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Was! | NTY 13c_CITY | | | 120 Cal | vert T | errac | е | |
| | | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN I | | | LAS | T | |
| 111 | W | illiam Ama | ar Sta | rtzman | Charlo | | | Ноо | ver | |
| 1 | | VAS DECEASED EVER IN U.S. AR | WAR OR DATES | IAL SECURITY NO. | 17 INFORMANT | | RESS | | 3 | - |
| / | | (ES, NO OR UNKNOWN) (IF YES, GIVE | 220 | _16_3679 | Evelyn : | r. Startzm | an, 12 | | | |
| | TION | Conditions, if any, which gove rise to immediate cause 10's stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| D BY. TE CAUSE (a) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT | DASEQUENCE OF DISEQUENCE OF | MT + I | RMINAL DISEASE OR CO | NDITION GIVEN | V IN PART 11c | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOI | R WHICH OPERATION | N WAS PERFORMED | 20a AUTOPSY? YES NO | | WERE FINDINING CAUSES | | |
| 9 | MEDICAL CER | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | P.M. | NTH DAY YEAR | | URRED (ENTER NATURE OF IN | JURY IN ITEM 18, PAR | T I OR PART 2) | | |
| | MED | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR | | 211 LOCATION STREET 200pm | CITY OR 1 | 300p | COUNTY | STATE | |
| | | 22a I certify that (I) (this hospi sow the deceased alive on abave, (I) (well (did) (did) | 8/23 | th. 19 77 . or | 3 19 > 19 > 19 > 19 > 19 > 19 > 19 > 19 | on death occurred on the | dote and hour o | and from the | | 51 |
| | | | Money un | D . | | MEDICAL ST DIRECTOR PHY | AFF SICIAN 🗌 | 22c. DATE | SIGNED 23/5 | 7 |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE O | | | 22e ADDRESS | 7 | TT- | | - N/ -1 | |
| | | Mary E. | Money, M.D | | 1138 Ke | nly Avenue | , Hage | rstow | m, Ma | • |

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, or other traumatic event, the

should be detached for use as the burral-transit permit. The with the State Dept. of Health and Mental Hygiene priar to

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 8-25-79 1198 Kenly Avenue, Hagerstown, Md.

Rest Haven Cemetery Hagerstown, Couwash., Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Md SEP 4 1979

24 FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc., Hag.,

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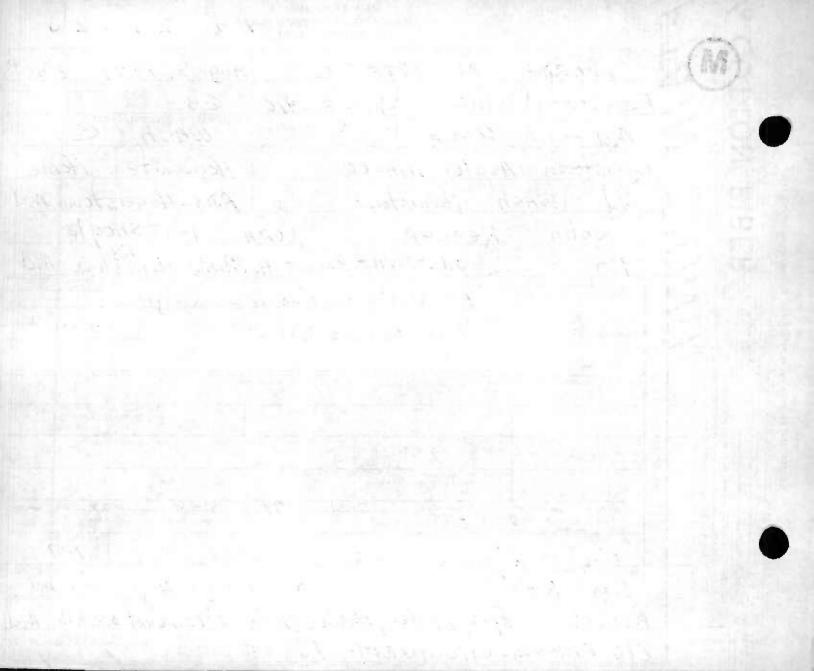
Streves of the state of the sta

. E. T. , Carrows, E. E. .

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIPHE C - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME WIDDIE 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ARAH 4 RACE 3 SEX IF UNDER I YEAR DATE OF BIRTH DAYS HOURS a. BIRTHPLACE ISTATE OR FORFIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRA ousewit DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STAT CITY OR TOWN 3d INSIDE CITY LIMITS? erstown 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FOR INFORMAL (YES, NO DENNKNOWN) FYES, GIVE WAR OR DATES) Hagerstown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ta , (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which ENCI MILME gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NOF YES NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION ŏ 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (has hospital) attended the deceased from DIRECTOR: 000 saw the deceased alive an_ and that in (my) (our) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFE PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS ld b FFmen exstoun, me. CREMATION, REMOVAL 234 NAME OF CEMETERY OR CREMATION 23b DAI DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND



| 3 | | 1. | FOR - STATE REGISTRAR | DEP | ARTMENT OF | TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO. | 2 1 6 | 2 9 |
|--|---|--------------------|---|--|--------------------------------|---|---|--|---|
| (M): | | | CEASED NAME FIRST Lloyd | Clayton | noun | gen | 2a. DATE OF DEATH M | ONTH DAY | YEAR 26 HOUR |
| ge 4 mb. ector, po | | 3. SE | x male | white | MONT | of BIRTH 21,1910 | 6. AGE (IN YEARS LAST BIRTHE | MONTH | DER I YEAR IF UNDER 24 HRS |
| ofter deoth. Por the funeral dir | orified at once. | M 10 C | RTHPLACE ISTATE OR FOREIGN OUNTRY) aryland ITY OR TOWN OF DEATH agerstown | 76. CITIZEN OF WHAT COUN USA 11. NAME OF HOSPITAL, NU (IF NOT IN) SUCH FACILITY, GIVE WASHINGTON | MARRIE WIDOW URSING HOME | OR OTHER INSTITUTION | 9 BALTIMORE CITY OR Washin 120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V | county of the graph of the grap | MD REATH MD REATH MD REATH MD MD REATH MD MD MD MD MD MD MD MD MD M |
| AND 2120 in 24 hours y filled in by thould be fills | er must be no | USU 130 S Ma | AL RESIDENCE (IF NURSING HOME O STATE 136 COU ryland Wash | OR OTHER INSTITUTION, GIVE RESIDENCE | | 13d INSIDE CITY LIMITS? | 130 STREET ADDRESS NOTTI | | |
| E, MARYI completel | olexomine 7/7 | | ATHER'S NAME William Rile WAS DECEASED EVER IN U.S. AF | MIDDLE LAST Y Trovinger | SECURITY NO. | 15 MOTHER'S MAIDEN NA FIRST Edith H 17 INFORMANT | MIDDLE | 5 | LAST |
| be exect on ond is. Poges | e medico | 1 | | VE WAR OR DATES) | 9-2869 | Ricky Lynn T | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours coffeeding physician. When this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file as the buriol-transit permit. | jury, or other troumotic event, t | NO | PART I. DEATH WAS CAUSI | DUE TO, OR AS A CONS DUE TO, OR AS A CONS (b) CONGC DUE TO, OR AS A CONS (c) CONGC | SEQUENCE OF BOAL | heart Ro | discase or condi | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| AL RECOR | shows ony in | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATIO | | YES NO | IN CERTIFYING YES | RE FINDINGS USED CAUSES OF DEATH? NO [|
| SPITAL OR ATTEND 4 by the hospitol or NERAL DIRECTOR: A be detoched for use | in ne store Cept. of reguin on wenton ryger PORTANT: If hem 21 is morked or Item 18 sho | MEDICAL CEI | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 22a. I certify that (I) (this hosp sow the deceased alive or eye. (I) (we) (did) (did not eye. (I) (we) (Add not) 22d. PHYSICIAN'S NAME (TYPE O | P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | 21t. HOW INJURY OCCUR! 21t. LOCATION STREET 3 , 19 nd that in (my) (our) opinion DEGREE PHYSICIAN 22e, ADDRESS 6 25 6 7 7 7 7 7 7 7 7 7 7 7 7 | CITY OR TOWN | 2 19 e ond hour ond | OUNTY STATE |

23c. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

DHMH - 16 50M 1/76 (VR A 15 (4))

Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Md. 21740

Aug.11,1979

23b. DATE

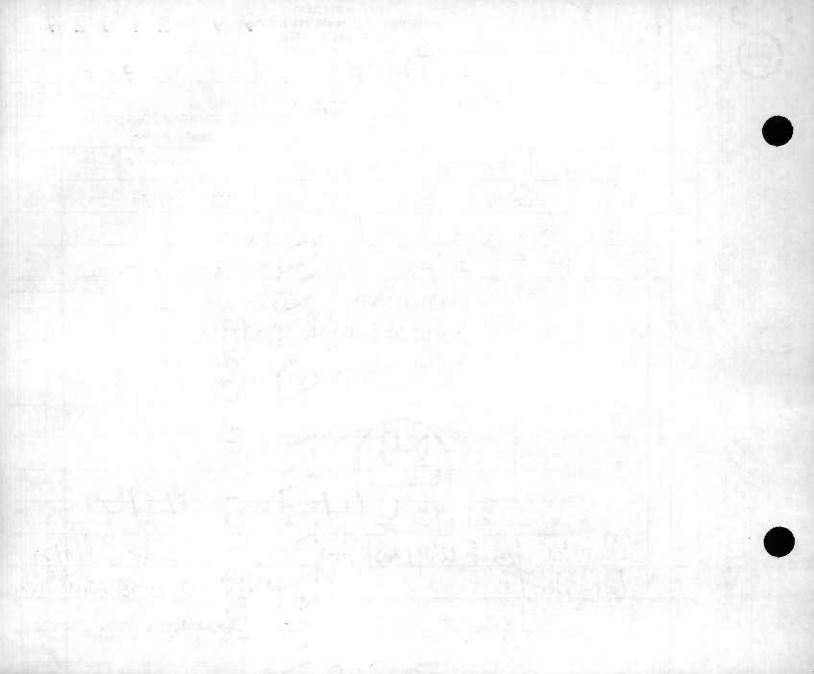
23a BURIAL, CREMATION, REMOVAL SPECIFY, DURIAL

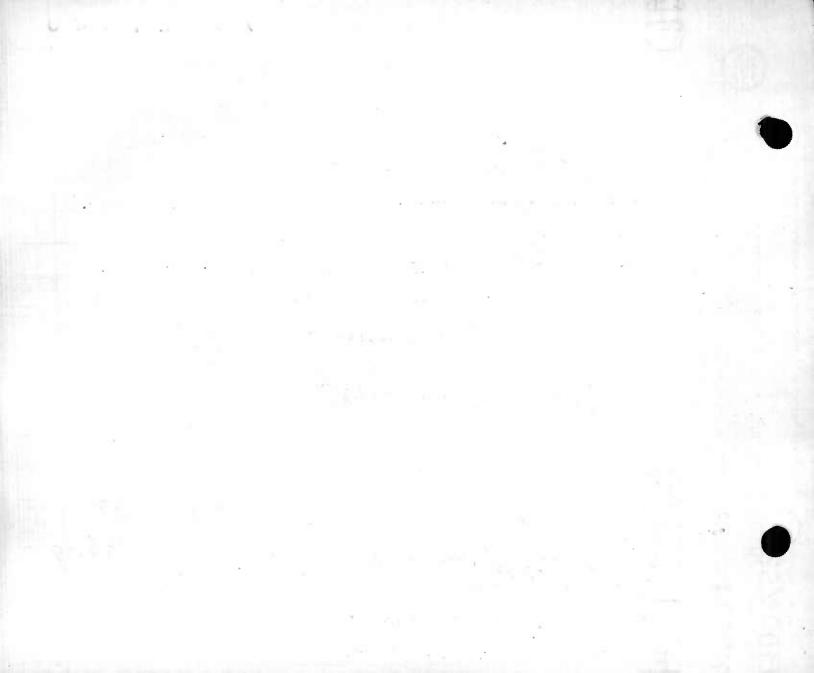
24 FUNERAL DIRECTOR

Hagerstown, Wash, Maryland

COUNTY

23d. LOCATION CITY OR TOWN



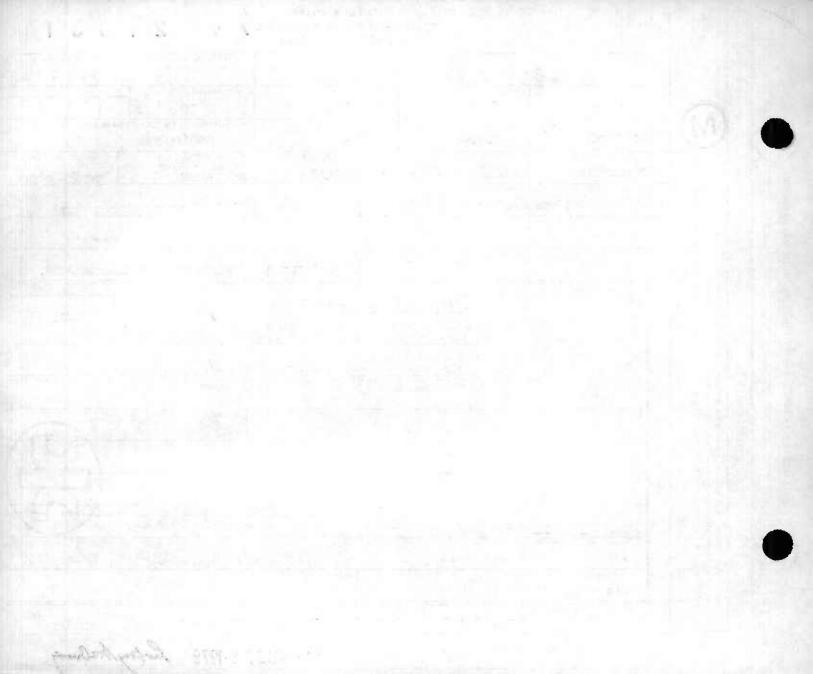


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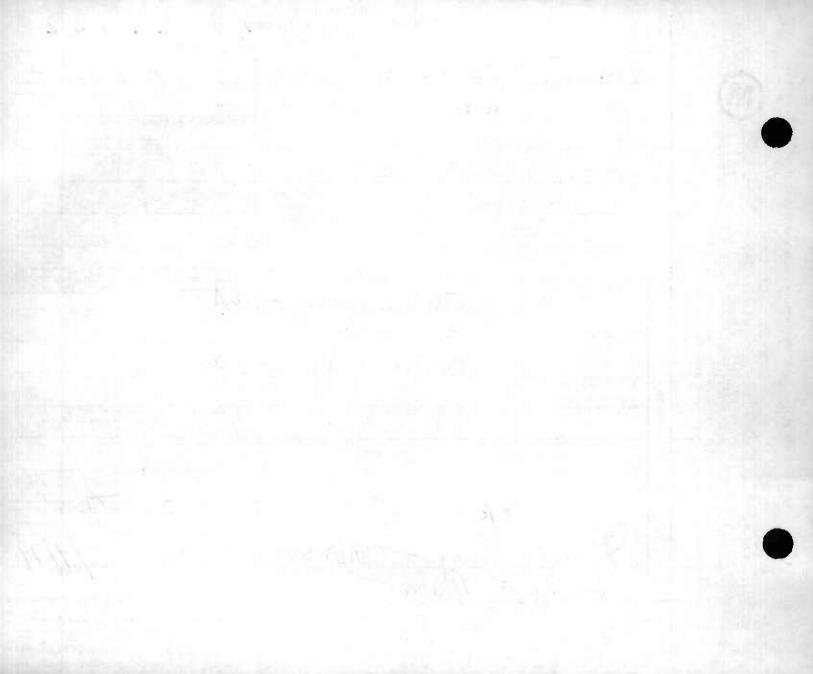
| | , | FOR | | | DEPARTA | | E OF MARYLAND EALTH AND MENTAL H | YGIENE | 9 | 2 1 | 0 3 | |
|----------------|---------------|---|------------------------------|---|--|-------------------|-------------------------------------|-----------|---|------------|--------------------------|-----------------------------------|
| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 0. | 0 0 | |
| | | CEASED NAME | FIRST | | MIDDLE | | AST | 20 D | ATE OF DEATH | HINOM | DAY YEAR | 26 HOUR |
| | 3 SE | | tha | 4 RACE | ine | 15. DATEC | aman | 4.46 | E (IN YEARS LAST BIR | 8 8 | 24 79 IF UNDER 1 YEAR | 2 PM |
| 7 | ۵. | Female | | Whit | .e | | 29, 1909 EAR | 10 AO | 70 | YRS. | MONTHS DAYS | HOURS MIN. |
| | | RTHPLACE (STATE OR FO | DREIGN | U.S. | WHAT COUNTRY? A. | MARRIEI WIDOWE | D NEVER MARRIED [| 9 BAI | ttimore city of Washing | _ | Y OF DEATH | MD |
| Politied 19 | H | ity or town of dea lagerstown | | Washin | gton Cour | nty Ho | or other institution Ospital | (TYPE C | SUAL OCCUPAT OF WORK FOR MOST O Erator | | IFE) INDUSTRY | of BUSINESS OR |
| ag ISNW | 13a S | al residence (if nurs state ryland | 13b COUN | | GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagersto | N | 13d. INSIDE CITY LIMITS? | | TREET ADDRESS | er He | | |
| Comine | 14 FA | John | ٨ | MIDDLE | Curfman | | 15. MOTHER'S MAIDEN N | VAME | * MIDDLE | | Corby | |
| Medicol | Ióa. V | WAS DECEASED EVER | IN U.S. AR/ (IF YES, GIVE | | 166 SOCIAL SECU 218-24-10 | | Mrs. Dorothy | y Win | ADDRI Lebrenne | | | , Md. |
| Vent, me | | 18 CAUSE OF DEATH PART I. DEATH W | AS CAUSE | y one couse per) BY: E CAUSE (a) | Respira | 1 | Arrest | | | | APPROX BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| Umoric e | | 436 - Conditions, if ony, | | | R AS A CONSEQUE | NCE OF | Cerebral Va | rscale | as Acci | cless | + | |
| orner fro | | gove rise to imn cause (o), stotin underlying cause | nediote g the | DUE TO, OF | R AS A CONSEQUE | NCE OF | rosderotic | | | | | |
| ilory, or o | NO | PART 2 OTHER SIGN | VIFICANT C | ONDITIONS CO | ONTRIBUTING TO D | | NOT RELATED TO THE TER | | | | | 01 |
| 9 | CERTIFICATION | 190 DATE OF OPERAT | ION | AOF | 1 0 | 0 4 | N WAS PERFORMED | 20e | AUTOPSY? | IN CERTI | S, WERE FINDIN | |
| 9 | | 21a. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEA | 21b. TIME O HOUR A./ | FINJÜRY M. MONTH DA | Y YEAR | 216. HOW INJURY OCCU | | | | | |
| Ned Or | MEDICAL | 21d. INJURY OCCURR | ED | 21e PLACE C | | | 211. LOCATION STREET | | CITY OR TOV | VN | COUNTY | STATE |
| 2011 51 17 | | 22a.l certify that (I) | (this haspit | 8, | 123 10 | 8/ 29 , ar | d that in (my) (a) apinio | 9 , to | 8/24 | ate and ha | | that (1) (we) last |
| II Ben | | obove, (1) (w) (d 22b. SIGNATURE | [d] (del 10) | Poney 1 | | | DEGREE ATTENDING PHYSICIAN | MED | DICAL STAI | | 22c. DATE | SIGNED 24/59 |
| J. | | .22d. PHYSICIAN'S NA | ME (TYPE OR | PRINT) | y. D, | | 22e ADDRESS | DUIKE | CTOR PHYSIC | IAN [| 1 9 - | - / / > / |
| | 23 a. E | BURIAL, CREMATION, SPECIFY) Burial | | 23b. DATE Aug. 27 | 23¢. N | | EMETERY OR CREMATORY | | LOCATION CITY OR TOWN | | COUNTY | STATE |
| | 24. FL | | | | | | idge Cemeter | ATE REC'D | hurmont, | | trar's signat | |
| | 41 | JNERAL DIRECTOR MINN: 5 E. WILSON | ich Fi | neral H 1.,Hagei | Homeaddress Cstown, M | aryla | nd 21740 AU | | | hope | y took | eedy |

DHMH - 16 50M 1/76 (VR A 15 (4))

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|--|------|---------------|---------------------------------------|---------------|-----------------------------|--|------------|---------------------------|---------------------|----------------------|-----------------------------|-------------------|
| | | 1 - | FOR STATE REGISTRAR | | | DEPARTA | | CATE OF DEATH | | 2 G. NO. | 0 3 | 1 2 |
| 110 00 16 1 | | I. DE | CEASED NAME | SERVE L | ist . | MIDDLE | | First | 20. DATE OF DEA | нгиом НТ | DAY YEAR | 26 HOUR |
| m # | | (TYPE | OR PRINT) | | | cilia | Ma | 1 | | 0 | 9.10 | -SE |
| (and | | | WILLELI | n | | Cilia | 1110 | -caret | 1.105 | | 1 7 | |
| 1 20/06 3 | | 3. SE | X | | 4. RACE | | 5. DATE O | DAY YEAR | 6 AGE (IN YEARS LA | ST BIRTHDAY) | MONTHS DAYS | |
| Bank | | | female | | whi | te | | 1 19, 1902 | 77 | YRS | MONTHS DATE | NI MIN |
| 4 16 | | 70. BI | RTHPLACE (STATE OR FO | DREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | | 9. BALTIMORE C | | Y OF DEATH | |
| the last | 191 | C | Ohio | | TICA | | | NEVER MARRIED | | | | |
| deo | 104 | | | | USA | | WIDOWE | | | | ngton | M |
| K te fer | | 10 C | ITY OR TOWN OF DEA | ATH | | HOSPITAL, NURSIN TH FACILITY, GIVE STREET . | | R OTHER INSTITUTION | 12a USUAL OCCU | | FE) INDUSTRY | OF BUSINESS OR |
| by the | 077 | | Hagerstown | | Washi | ngton Cou | nty H | ospital | 1, | | | |
| hours J in b | 2 | ÜSÜ | AL RESIDENCE (IF NURS | ING HOME OR | OTHER INSTITUTION | . GIVE RESIDENCE BEFORE | ADMISSION) | | | | | |
| filled ould k | 5 | | 7 7 | | | | | 13d INSIDE CITY LIMITS? | 13e STREET ADDR | ESS | - | |
| sin 2 | | | ryland | wasn | ington | Hagersto | wn | YES 🔣 NO 🗌 | | l Belvie | w Aven | .ue |
| 2 2 | U L | 14 FA | THER'S NAME | | AIDDLE | LAST | | 15. MOTHER'S MAIDEN NA | ME | DIE | | AST |
| w be w | x // | | James | Wal | | Barron | - 1 | | ilda | OLE . | Thoma | S |
| of I | 9 1 | 16a V | VAS DECEASED EVER | | | 16b. SOCIAL SECU | RITY NO | 17. INFORMANT | | DDRESS | 1110110 | |
| | | (1 | YES, NO OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | | | | 0 7 66 | | | |
| S. P. | | N | O | | | 375-14-6 | 976 | Mrs. Arleen | Orndorff | , Hagers | | |
| Siche Der | | - | 18 CAUSE OF DEAT | H (Enter on | y one couse per | line for (a), (b) one | dicti | 1 | | _ | BETWEEN | NONSET AND DEATH |
| ifice phy nov | L C | | PART I. DEATH W | 'AS CAUSE | BY E CAUSE (0) | 10 | KOD | matori H | rres | | | 1-1- |
| ng ng | 2 | | 151/2 | IMMEDIAL | | | | 1000 | | | | |
| the contract | | | 1870 | | DUE TO, O | R AS A CONSEQUE | NCE OF | Looks | | | | |
| dec | | | Conditions, if ony, | | (b)_ | Curcin | Missell | 1070 | | | | |
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| by the | 5 | | underlying couse | lost. | 1 | Canea | | 1 the Va | gina | | | |
| pled prior | 5 | | PART 2 OTHER SIGN | LIET ANT C | ONDITIONS CO | | , | OT RELATED TO THE TERM | LIN DISEASE OF | CONDITION OF | /ENLINI DADT 1 | 1-1 |
| sign ben lo bu | 5 | z | PART 2 OTHER SIGN | MIFICAINT | ONDITIONS CO | DIVINIBUTING TO L | ZEATH BUT | OF RELATED TO THE TERM | MINAL DISEASE OR | CONDITION GI | VEN IN PART I | 101 |
| 01 - | | CERTIFICATION | | | | | | | | | | |
| ow respectively. | 5 | CA | 190 DATE OF OPERAT | TION | 196 COND | ITION FOR WHICH | OPERATION | WAS PERFORMED | 200 AUTOPSY | | S, WERE FIND FYING CAUSE | S OF DEATH? |
| ho ho | 7 | TF | | | | | | | YES NO | | ES 🗍 | NO 🗆 |
| N. T. nysici roote roote roote roote roote roote | | ER | 210. ACCIDENT WAS UND | DERLYING _ | 216. TIME O | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE C | F INJURY IN ITEM 18. | PART 1 OR PART 2) | |
| | | _ | OR CONTRIBUTING | | 117 | M. MONTH DA | | | | | | |
| SICIA ng p certif certif kental-t | | Ö | (IF EITHER, NOTIFY MEDIC | | | M | 19 | | | | | |
| PHY sndi | Ö | MEDICAL | 21d. INJURY OCCURE | | 21e. PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITY | OR TOWN | COUNTY | STATE |
| office of the state of the stat | ž. | 2 | AT WORK AT WO | | | | co / | h | 2 0 | 10 | -6 | |
| Or Af | Ē | | 22a.l certify that (1) | (this haspit | al) attended th | e deceased from | 0/ | 3 10 / | 10 | 10 | 19 | that (1) (we) los |
| Z = 8 5 2 3 | 2 | | saw who decease | rd alive on | 6/9 | .10 | 14 | that in (m) (our) opinion | death occurred on | the date and ha | ur and from th | e couses stated |
| A \$ 174 0 0 | | | | fid (did not | I view the body | ofter death. | | | | | 14 64 | - Francisco |
| E - E 3 5 1 | | | THE SIGNATURE | 1 min | 8 M | | -1 | NT | MERNEAL | STAFF | TIC DAT | 10170 |
| At D Marketon or a second | | | X | a yo | 9/// | MOX | | ATTENDING PHYSICIAN I | DIRECTOR [] P | HYSICIAN [] | 0/ | 7/17 |
| 是五 要 3 4 3 | | - | 274 PHYSICIAN'S NA | ME FINE OF | LPRINT) | M | | 12e: ADDRESS | | | 1 | 1 |
| D HOSP trained 1 D FUNE hould be | 5/ | 31 | (=, | 1 | K. | Mana | N | | | | | |
| 04 044 | | | 100 | A | · (-) | House | 0 | | | | Mente | |
| F = | 7 | 23a. E | BURIAL, CREMATION | REMOVAL | 23b DATE | 10/ | LAME OF CE | METERY OR CREMATORY | THE LOCATION | 4 | COUNTY | STATE |
| BP | | b | urial | | Aug.11 | ,1979 RC | se Hi | 11 Cemetery | Hager | stown, Wa | sh.,Ma | ryland |
| | | | UNERAL DIRECTOR | Min | | neral Hom | | | TE REC'D. BY REGIS | TRAR 25b. REGIS | TRAR'S SIGNA | ATURE . |
| DHMH - 16 50M 1/76 (VR A 15 (4)) | | | 15 E. Wils | | | ADDRES5 | | 1740 | AUC 1 / 10 | 979 / | intry/ | Ma Credo |
| (,,,,, | | 4 | TO E. WITS | OII DI | .vu., na | gerstown, | MU.Z | 1/40 | AUG 141 | 113 | | |



the attending physicion and completely filled in by the funeral director, remove carbonpapers. Pages 1 and 2 shauld be filed within 72 hours of

should be detached for use as the burial-transit permit. Then please remave carbanpops with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

REGISTRAR 25b. REGISTRAR'S SIGNATUR

| 1 DECEASED NAME | FIRST | MIDDLE | LA | NST . | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOUR |
|--|--|--|---------------|--|--|---|--|-----------------------------|
| (TYPE OR PRINT) | Mary | Frances | W | LLHIDE | August | 79 | 2:30 | |
| 3 SEX | | ACE | 5. DATE O | F BIRTH | 6 AGE (IN YEARS LAST | | IF UNDER 1 YEAR | _ |
| Female | | White | Мал | rch 8, 1895 | 84 | YRS | MONTHS DAYS | HOURS |
| To BIRTHPLACE STATEO | R FOREIGN 76 C | CITIZEN OF WHAT COUNTRY? | 8 | □ NEVER MARRIED □ | 9 BALTIMORE CIT | | Y OF DEATH | |
| Keedysvill | e, Md. | U. S. A. | WIDOWE | | Washing | gton | | |
| 10 CITY OR TOWN OF D | EATH 11. | NAME OF HOSPITAL, NURSING THE STREET N. Main St | ADDRESS) | R OTHER INSTITUTION | 120 USUAL OCCUP (TYPE OF WORK FOR MO HOUSEW) | ATION STOFWORKING L LEE | LIFE) 126 KIND (INDUSTRY Own | OF BUSINESS Home |
| USUAL RESIDENCE (IF N 130 STATE Maryland | URSING HOME OR OTHE 136 COUNTY Washin | gton Keedysvi | Tile | 13d INSIDE CITY LIMITS? | 130 STREET ADDRES | s Lain St | | |
| 14 FATHER'S NAME | m Au | gustus Valen | tine | 15 MOTHER'S MAIDEN NAME OF THE MARKET MARTHA | ME MIDDLI | | Emer | 'son |
| NO . OR UNKNOWN) | (IF YES, GIVE WAR | | | Mrs. Nancy L | . Ellis. 5 | N. M | Main St. | td 21 |
| Conditions, if o gove rise to i couse (0), sto underlying cou | IMMEDIATE Conny, which mmediate ting the | DUE TO OR AS A CONSEQUE | Mri | to Heart | h du 25. | st. | | |
| Conditions, if o gove rise to i couse (o), sto underlying cou | IMMEDIATE Cony, which mmediate thing the use last | DUE TO OR AS A CONSEQUED OR AS A CONSEQUE | BENCE OF CLUM | | | | | JISN' |
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Boonsboro, Maryland 21713

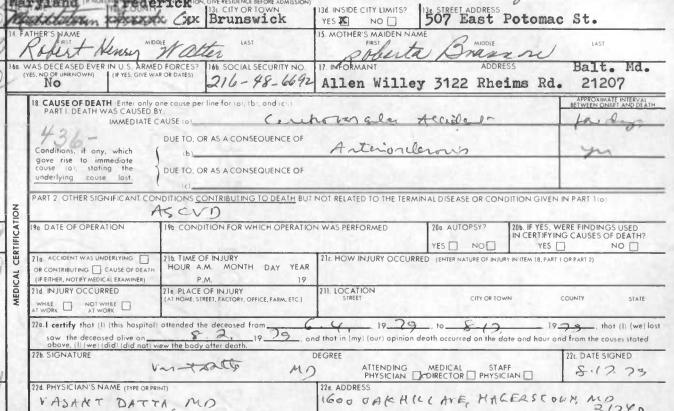
DHMH - 16 50M 1/76 (VR A 15 (4))

John H. Bast, Jr.

A CONTRACTOR OF THE PARTY OF TH A COLUMN TO A COLU in I am I will not not not a series of the s the row in a contract to the second of the contract of the con

shows ony

| | FOR 1 - STATE REGISTRAR | DEPARTMENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | ieyt 9 2 | 034 |
|---|--|---|---|---|--|
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) | Le C | Villey | 20. DATE OF DEATH MONTH | 7 79 9 9 A |
| | 3. SEX Jemale 1 RACE | lete 5 DATE C MONTH | | 6 AGE (IN YEARS LAST BIRTHDAY) YRS. | IF UNDER I YEAR IF UNDER ZAHRS MONTHS DAYS HOURS MIN. |
| 3 | The BIRTHPLACE MIATE OFFICIAL TO CITIZEN | MARRIET | DI NEVER MARRIED DI DIVORCED DI | 9 BALTIMORE CITY OR COUNT | My OF DEATH |
| | | OF HOSPITAL, NURSING HOME O | ROTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) | LIFE) INDUSTRY |
| 5 | THE OWNER, | CION, GIVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Brunswick | 13d INSIDE CITY LIMITS? YES NO [] | 136 STREET ADDRESS Potor | mac St. |
| 1 | 14 FATHER'S NAME REJERST HENRY MIDDLE | Otter LAST | 15 MOTHER'S MAIDEN NAM | Branne | LAST |
| 2 | 168 WAS DECEASED EVER IN U.S. ARMED FORC (YES, NO OR UNKNOWN) { (IF YES, GIVE WAR OR DATE | | 17. IMFORMANT Allen Wille: | ADDRESS y 3122 Rheims J | Balt. Md. Rd. 21207 |
| | 18 CAUSE OF DEATH Enter only one cous PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c | | was ala | Acciden | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if ony, which | O, OR AS A CONSEQUENCE OF | Anterioral | crows | yn |
| | gove rise to immediate couse (a), stating the DUET | O, OR AS A CONSEQUENCE OF | | | |



23c. NAME OF CEMETERY OR CREMATORY

St. Marks

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

24 FUNERAL DIRECTOR

Gregory Moore Petersville Rd. Brswk. Md.

8-20-79

236. DATE

Burial CREMATION, REMOVAL

Petersville Frederick

STATE

23d. LOCATION

A CONTRACT OF THE POST OF THE PROPERTY OF THE POST OF

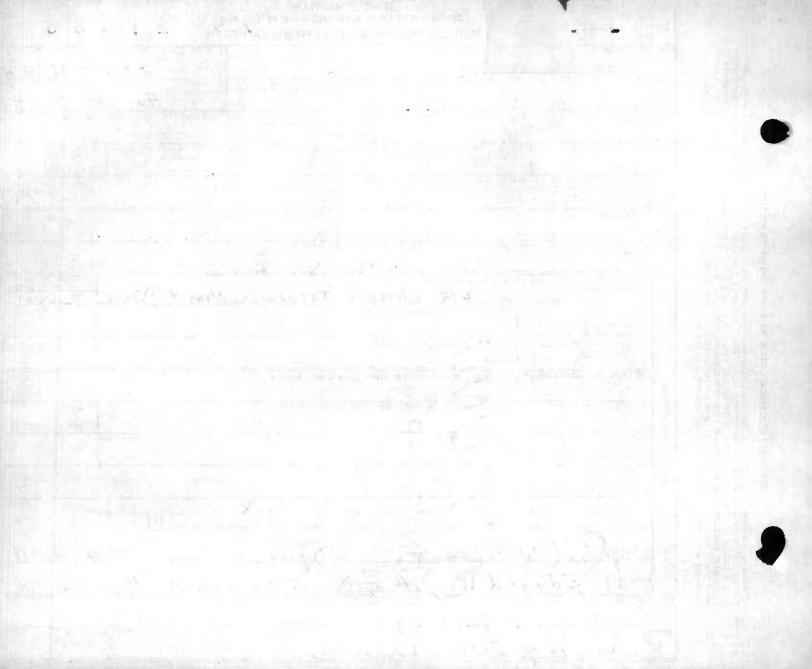
Minds . The state . The sales notice . . .

delraber delikument

| 10 | | | FOR | DEI | STATE O PARTMENT OF HEAL | F MARYLAND TH AND MENTAL | HYGIENE | | | |
|----|--|---------------|--|---------------------------------|---------------------------------|-----------------------------------|-----------------------|---------------------|---------------------------|-----------|
| 1 | | 1- | STATE REGISTRAR | | CAL EXAMINER'S | | | REG. NO. | 0 3 5 | |
| 1 | | | CEASED NAME FIRST | | IODLE | LAST | 20. DATE | KNOWN MONTH | ' OAY YEAR | 2b. HOUR |
| | SS. S. T. | {1YI | E OR PRINT) That | rne Si | herwood | Willis | OF DEATH | MATED AUN | | 2b. HOUR |
| | ARY, PLEASE DIRECTOR. OUR FILES. 72 HOURS | 3. SE | | 5. DATE OF BIRTH | 6 AGE (IN YEARS IF | UNDER 1 YR. IF UNDE | | HOM | DAY YEAR | 2d HOUR |
| | DIRE OUR DN S | 1 | Male White | mar. 3. 1 | 954 25 YRS. | ONTHS DAYS HOURS | MIN. PRONOUN DE AD | Au, | 28 199 | 4-13 M |
| 7 | BARRA S | 70. B | RTHPLACE (STATE OR REIGN COUNTRY) | 76. CITIZEN OF WHAT | COUNTRY? 8. MA | RRIED NEVER MARI | RIED . 9. BALTIM | ORE CITY OR COUN | NTY OF DEATH | |
| ~ | (M) | 10.0 | Maryland | USH | | OWED DIVOR | | Vashings | on 6 | MD. |
| | PA | 10. C | TY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY | AL, NURSING HOME, OR C | 1 | FOR MOST OF WOR | ATION (TYPE OF WORK | OR INDUSTR | Y |
| | DEL DEL DEL DEL | USU | AL RESIDENCE (IF IN NURSING HOME O | 26 E/IZ | Cabeth 5their | <i>†</i> | Labor | | wiklands | Ind. |
| | EETH. IF ANY DEL. EST. 2, AND 3 TO 1 PM. 3. RETAIN P AND 2 SHOULD BE EVITAL RECORDS. | 13a. S | TATE 136. COUNT | shine 1 | tages town | 13d. INSIDE CITY LIMITS? YES NO [| 130. STREET ADDRE | aboth st | | |
| | D. 2 H. III | 14 F | THER'S NAME | MIDDLE | LAST | 15. MOTHER'S MAID | DEN NAME | DDLE | • LAST | |
| | TAND AND THE A | | Paul | J. | willis | Ber | Hy " | 12 | -/hm | |
| | MOR TER PAC S 1 S 1 | 16a. V | VAS DECEASED EVER IN U.S. ARA | WAR OR DATES) | SOCIAL SECURITY NO. | 17. INFORMANT | 0 | ADDRESS | Hon | a cha |
| | TAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II D. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. USED AS A BURLALT FRANSIT PERMIT. PAGES 1 AND 2 SOF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL II, CREMATION, OR REMOVAL. | | No | | 218-62-830 | 2 Paul J. | Willis, 2 | 6 Elizabe | AKSK 113 | mod |
| | HOUR A 18. AG W AII. F | | 18 CAUSE OF DEATH (Enter oni PART I DEATH WAS CAUSED | y one cause per line for BY: | (a), (b), and (c).) | | 011 | 0/. / | APPROXIMATE BETWEEN ONSET | AND DEATH |
| | PRESTON ST VITHIN 24 HG CIL IN ITEM I NER ALONG ANSIT PERMI AOVAL. | - | 952 IMMEDIAT | E CAUSE (o)9 | A CONSEQUENCE OF | icide + | Je/ +-11 | atlicted | | |
| | REST THIN THIN VSIT VAL | | Canditians, if any, which | TO THE | 16 11- | | | | Momen | 42 |
| | W. P. D. W. P. D. W. P. P. D. W. P. P. P. D. W. P. | | gave rise to immediate cause (a) stating the under- | DUE TO, OR AS | A CONSEQUENCE OF | 191hy | | | | |
| | 301 W. PRES CUTED WITHII IN PENCI. IN TENCE. I | | lying couse lost. | (6) | | | | | | |
| | DS, 3 | | PART 2 OTHER SIGNIFICANT CONDITIONS O | CONTRIBUTING TO DEATH BUT H | NOT RELATED TO THE TERMINAL DIS | EASE OR CONDITION GIVEN IN P | 'ART 1 (a). | | | |
| | ECORDS; | NO. | | | | | | | | |
| | NI RE SED SED CRE | CAT | 19a. DATE OF OPERATION | 19b. CONDITION | FOR WHICH OPERATION | WAS PERFORMED? | | | 20. AUTOPSY? | |
| | DIVISION OF VITAL RECORDS, CERTIFICATE SHOULD BE EXER RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BL E 2 SHOULD BE USED AS A BL E DEPARTMENT OF HEALTH AND PRIOR TO BURIAL, CREMATION | CERTIFICATION | ON THE PROPERTY OF THE PARTY OF | | | | | | YES 🗆 | NO 🖳 |
| | CATE WED OBOUT THE | I CE | 210. EXTERNAL CAUSE WAS | 216. TIME OF IN. HOUR A.M. M | ONTH DAY YEAR | HOW INJURY OCCURR | 1,0. | | | |
| | RTIFI IG TO SHO SHO PART | MEDICAL | CONTRIBUTING CAUSE OF D | | NURY (ATHOME, 21f. | Hauging 1 | by lupe | M 0036 | zment | |
| | PRITTING S CE RELEGIE 3 CE 3 | WE | WHILE NOT WHILE | STREET, FACTORY, | FARM, ETC.) | STREET | H. SEITY OR JOH | yers town | OUNTY LA | STATE |
| | DIVISION OF VITAL R. AMINER: THIS CERTIFICATE SHOUL THICATE, WRITING THE WORD "PP BE FORWARDED TO THE CHEF EEFORS, PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE THAND, 21201 PRIOR TO BURIAL, CR | | AT TORK AT WORK | Hom | | 6 Elizabs | [] [] | | | 110 |
| | CATION OF THE CA | | 22a. I certify that I took charge | | | topsy , Inspection | | , ond in my o | pinion | |
| | REC BE | | death resulted fram: Notur | al causes U, Acc | cident , Suicide (| Momicide ☐ : ✓ ITLE (SPECIFY) | Undetermined ma | nner [_], | | |
| | MAIN VANA | | ACTUAL SIGNATURE SULVANIL | WKIKU | TIL | MD Deputy | MEDICAL EXAM | DATE | FA AU 29 | . 1929 |
| | DEAT SHE SHE | | -1 | 1 | 21/1 | | A CONCRETENANT | / 6/ | | |
| | TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAITIMORE, MARYLAND, 21201 PRI | | | ard W. | NIKO 15/ | TADDRESS 217 | w. wesh. | . St. 16 | 29, Md | |
| | EX PA PA BA BA | 23a.B | URIAL, CREMATION, REMOVAL 2. | Sh. DATE | 23c. NAME OF CEMETER | Y OR CREMATORY | 23d. LOCATION | 1 (0) | nger sta | н , |
| | BP | 74 E | JOE AL DIRECTOR | 8/31/19/19 | Cellar ha | W N | Hagers T | | hington 1 | nd |
| | DHMH - 17 (VR A15 ME (5)) | | The fel . MI | ADDRESS | Jaco A | 25a. DAJE | EP1"3"1975 | profor | y/Macrosod | 7 |
| | 15M 7/77 | | The the transfer | much 1 | Jessem. | one! | | / | | |

I have a show and a little and X 22 32 18 18 Description of the lates to make the comment of the second The second secon Break of the Parish of the Same SEP 13379 6 45 1938 the transfer of the same which

| / | | | | | | | | | | AARYLAI | | | | | | | | |
|---|---|---------------|-------------------|---------------------|-----------------|-------------|----------------|----------------------------|--------------|------------------|---------------|-----------|--------------|-------------|--------------|-----------|--------------------------|-----------|
| 1 | | | OR TATE | | | | | | | AND M | | | | 2 | -1 | a | 7 6 | |
| | | R | EGISTRAR | | | MED | ICAL E | IMAX | IER'S | CERTIFIC | CATEC | PDEA | TH | REG. I | NO. | 0 | 2 0 | |
| la la | 1 | | EASED NAME | FIRST | | | MIDDLE | 3-4 | | LAST | | 2 | a. DATE | KNOWN | MON MON | TH DAY | Y YEAR | 76 HOUR |
| 1,194 | | | OR PRINT) | | | | | | | | | | OF | ESTI- | S2 17 | . 10 | 2 00 | 1,00 |
| 200 | 5.6 | | HUGHIE | | | NMN | | | WILI | | | | DEATH | MATED | 8 Au | 15 18 | 1979 | 12 M |
| 200 | | 3. SEX | | I. RACE | 5. DATE OF | BIRTH | YEAR | 6. AGE (IN Y LAST BIRTH | | DER 1 YR. | IF UNDER | | RONOUN | ICED | MONT | IH DA | Y YEAR | 2d HOUR |
| P.K. | ZZ | M. | ALE | White | 7 | | 1919 | | RS. | DATS | HOURS | MIN | DEAD | F | hus | 18 | 1979 | 935M |
| NECESSARY, FUNERAL DIR 5 FOR YOU! | STC _ | 70 BIR | THPLACE (STA | | 76. CITIZEN | OF WH | AT COUN | TRY? | 8 | 200 | | | BALTIM | ORE CITY | OR COL | | | 1 / / / / |
| 2,40 | E# 85 | | EIGN COUNTRY) | | | | | | | IED X NE | | IED L | | | _ | | | |
| NECESSARY, PEUNERAL DIREC | 23.0 | W. | Va. | E DEATH | U.S | 05.11050 | 17.41.41.6 | | WIDOW | | DIVORC | | WAS | KANY | KXX | Was | hing | On MD. |
| SEB | = 690 | IV. CII | ORIOWNO | PEATH | (IF NOT IN | SUCH FACI | ILITY, GIVE ST | REET ADDRESS) | E, OR OTH | IER INSTITU | ITION | FOR M | OST OF WOR | PATION (T | YPE OF WO | RK 12b F | KIND OF BU OR INDUSTE | SINESS |
| DELAY IS NEC 3 TO THE FUN IN PAGE 5 F | m. 70 | Han | ncock | | | | | | | | | | orer | | | | CHARI | |
| 5. 21201 4. IF ANY DELA 2, AND 3 TO 3. RETAIN PA | RECORDS, | USUA | RESIDENCE (I | F IN NURSING HOME O | R OTHER INSTITU | UTION, GIVE | RESIDENCE | BEFORE ADMIS | ION) | | 7.55 | | | | | | LIHA | |
| 201 ANY AND | 200 | 13a. ST | | 13b. COUN | | | | OR TOWN | | 13d. INSIDE (| | 13e. STRE | ET ADDRE | SS | | | | |
| 2120 IF AND 3. RET. | SECO | | ryland | Washi | ngto | n_ | Han | cock | | | NO [X | | | | | | | |
| A . H. | Z Z | 14. FA | FIRST | | WIDDLE | | | AST | | 15 MOTH | ER'S MAIDE | ENNAME | M | IDDLE | | | LAST | |
| RE, MD. DEATH. SES 1, | Z 2/10 | .T: | ames | And | irew | | TAT : | 115 | | Sar | ah | E | 1172 | heth | , т | rai | 1 | |
| ER I | 7 | 16a. W | AS DECEASED | EVER IN U.S. ARA | AED FORCES | 5? | | IAL SECURI | Y NO. | Sar 17. INFOR | MANI | - | 11.40 | ADDRES | SS | 141 | | |
| TIM VE.P | S O C | (46: | , NO, OR UNKNOW | (IF YES, GIVE | WAR OR DATES) | | 0.55 | 00. | | | | | | | Do | ute | 1 11 | 22000 |
| RS GI | Z Z | _ | | | | | 1235 | | 074 | Mrs | - Ma | ble_ | V. W | ills | , NO | | | ancoc |
| W. PRESTON ST., BALTIMORE, MD. D WITHIN 24 HOURS AFTER DEATH FENCI. IN TEM 18. GIVE PAGES 1. | - 0 | | PARTIDEA | DEATH (Enter onl | y one cause | per line f | ar (a), (b), | / | | - 4 | , | | ,/ | , ~ | | BE | APPROXIMATE | AND DEATH |
| Z T W N | Z Z | | 11.11 | | E CAUSE (a | 4 | 12 | Chro | uic | ISC | Low | ic/ | VERS | +1 | 1,3101 | IR | 3-5 | 121 |
| PACOLA TO | i de | | 4147 | | DUE | TO, OR A | AS A CON | SEQUENCE | OF | | | | | | | | - (| |
| WITHIN YOUR IN | Z + S | | | , if any, which | | | | | | | | | | | | | | |
| A SZZ | E A A | | | to immediate | (b | | SACON | SEOUENCE | OF. | | _ | | | | | | | |
| X X X X | MENTANSIT MENTAL HYOOR REMOVAL | | lying cause | | DOL | 10, OK A | AS A CON | SECUENCE | Or | | | | | | | | | |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II RITING THE WORD "PENDING" IN PENCIL IN TEM 18. GIVE PAGES 1, 2. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. | 2 2 7 | | | | (c) | | | | | | | | | | | | | |
| S S S S S S S S S S S S S S S S S S S | Q A Q | 19 | PART 2 OTHER SIGN | NIFICANT CONDITIONS | CONTRIBUTING T | D DEATH BU | UT NOT RELAT | ED TO THE TER | MINAL DISEAS | E DR CONDITIO | N GIVEN IN PA | RT 1 (a). | | | | | | |
| O MAGO | WAT | S | | | | | | | | | | | | | | | | |
| SHOULD SHOULD OND "PER A | HEALTH AND CREMATION, | CERTIFICATION | 19a. DATE OF | PERATION | 19b. C | CONDITION | ON FOR V | VHICH OPE | RATION W | AS PERFOR | MED? | | | | | 20. | AUTOPSY? | |
| ITAL SHOU SHOU CHIEL | SPEC | 5 | | | | | | | | | | | | | | | WEG 🗆 | |
| F VITAL | RIMENT OF TO BURIAL, | E | 21a. EXTERNAL | CALISEWAS | 21h T | TIME OF 1 | INITUDY | | 111. 11/ | DIA/ INTITUDY | OCCUPAT | | . 7 | | | | YES [| NO 🗆 |
| P F | S SEE | | INDEDIVING | Пов | HO | | MONTH | DAY YEA | R | DW INJURY | OCCURRE | D (ENIEKN | ATURE OF INJ | URY IN ITEM | IN PARE I OF | R PART 2) | | |
| S FED | | 3 | CONTRIBUTIN | G CAUSE OF | EATH | P.M. | | 19 | | | | | | | | | | |
| IVISION OF V | SEP. | MEDICAL | 216. INJURY O | | | | FINJURY | (AT HOME, | | CATION | | | | | | | THE | |
| DIN WRIT WARD | 1 1 1 1 1 1 | Σ | WHILE AT WORK | NOT WHILE |] 31, | KEET, FACTO | ORY, FARM, ET | C.) | | INCEL | | | CITY OR TO | WN | | COUNTY | | STATE |
| DIVISION OF VIT THIS CERTIFICATE SP. E. WRITING THE WOR | PAGE 3 SH STATE DEPA 21201 PRIOR | | ATWORK | ATWORK | | | | | | | | F3 | | | - | | | |
| EXAMINER: CERTIFICATE, ULD BE FOR | 7, 2 H | | 22a. I certify | that I taak charg | e of the remo | ains descr | ribed abar | re, held an | Autop | sy 🔲, | Inspectio | n X. | Inquiry | □, « | and in my | apinian | | |
| N N N N N N N N N N N N N N N N N N N | D T Z | | death resulted | from: Natur | al causes | ۷. ۱ | Accident | | vicide | , Hamie | cide | Undete | rmined mo | nner |], | | | |
| S E C | M N I | | (| 7 0 | - | 1 | | | | TITLE (S | PECIFY) | | | | | | | |
| <u>a</u> 0 100 | X X D | | ACTUAL | china 1/1 | 11. X | Livi | 0 7 | 111 | | Dak | 1 | | | | DA | TE A | 1.18. | 1919 |
| SH H | RE TA | | SIGNATURE_ | Mark . | N. A. | | 1 | - | M | D. July | MA | MEDIC | CALEXAM | INER | SIG | NEO V | 7 1-1 | |
| MEDIC CUTE I | NO V | | EXAMINER'S N | IAME - | 122 1 | 111 | (, ,) | · 11. | 21 | | ach | 10 01 | 21/ | W | 11 | 00-1 | Va. | 71 |
| ₩ GE C | | _ | TYPE OR PRIN | | dr d | VU | | 1 NO A | 4/15 | ADDRESS_ | 21) | w·w | soll - | 11- | NO | 4662 | rowu, | 114 |
| PAG. | TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21; | 23a. BU | RIAL, CREMATI | ON, REMOVAL 2 | 36. DATE | | 23c. N | AME OF CE | METERY O | RCREMATO | ORY | 23d. LOC | CATION | | C | OUNTY | ST | ATE |
| BP | | , , | Bur | ia1 | 8/21 | 179 | G | reenu | 12 V C | omet | 0222 | | klev | Snr | | | roan | WVA |
| DHMH | - 17 | 24.54 | VERAL DIRECT | | 1 | 1 | | V | 4 | - OIII O | | REC'D. BY | REGISTRA | R 1256 RE | GISTRAR | SSIGNA | 198F | ** * V 1 |
| (VR A15 A | ME(5)) | k | SAWE . | 110 | M | ADDRESS | 0.0-2 | H. | . 4/1 | SIA | AUG | 241 | 979 | pes | of way . | 1300 | reactly | |
| 30M 7 | //3 | | ww | - C | 7 | 2010 | ,,,,, | 1 min | CLK | 10 | | - | | | | | _/ | |



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

HEALT'H OFF

AUG 27 1979

DECEMED